Medicare
Directory
of Prevailing
Charges
1981



U.S. Department of Health and Human Services

Health Care Financing Administration







THE MEDICARE DIRECTORY

OF

PREVAILING CHARGES

FSY 1981



#### Introduction

This directory contains Fee Screen Year 1981 Medicare reimbursement data based on physician charges submitted to Medicare during CY 1979 in each of the reasonable charge localities within each Part B carrier's service area.

Maps are provided for each State which outline the separate charge districts (localities) the carriers use in reimbursing claims under the Medicare program. The counties within each locality are listed to aid in identifying the exact geographic breakdowns. More detailed locality information can be obtained on selected carriers by referring to Appendix A in the back of the directory.

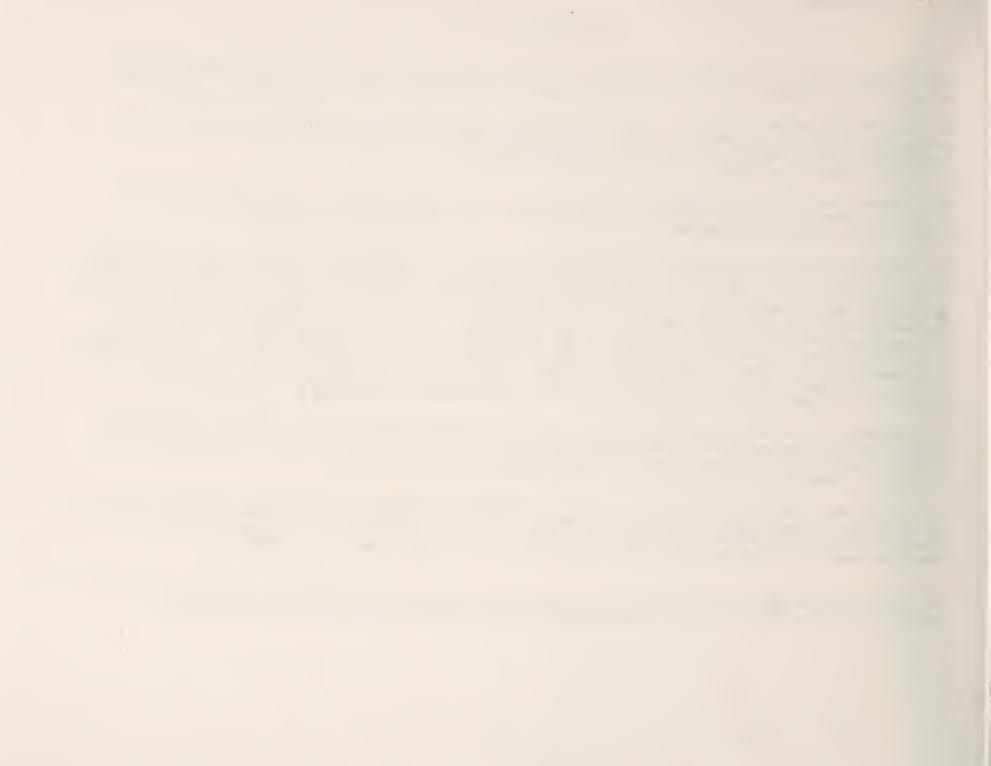
This directory was compiled from magnetic tapes submitted by each of the carriers. Every effort has been made to minimize errors in the data displayed for each of the carriers however because of differences in coding systems it may sometimes be necessary to consult directly with the carriers for clarification.

This prevailing charge data represents the maximum amounts upon which reimbursement is based within the Medicare Part B program.\* It also reflects the influence of the Economic Index Provisions. For each locality, prevailing charges are listed for 30 medical services performed by General Practitioners (GP) and for 100 physician services performed by medical Specialists. Where the carrier makes no specialty differentiation in its screens, the top of the page states "combined locality designation". Blank spaces in the prevailing charge columns indicate that (a) prevailing charge data was not collected for the GP specialty category, (b) the procedure is not performed in the locality, or (c) the carrier does not use the same definition of the procedure as listed. When an asterisk (\*) appears beside a charge, it means that the charge is adjusted by the application of the economic index. When a letter "P" appears next to a charge, the amount represents the Professional component only. The letter "L" stands for the lowest charge levels applying to selected laboratory and durable medical equipment screens.

When reviewing the specialist charge screen data, it should be noted that the amounts represent the prevailing charge screen for the specialist who most frequently performs these procedures. Therefore, the procedure list in Table A contains the category of medical specialists for which charge screen data was collected for the 103 procedures. Seven additional procedures are listed for durable medical equipment.

If you have any questions about the data or locality information displayed in this directory, please direct your questions to James Barnett (301-594-6743), Health Care Financing Administration, Bureau of Program Operations, Room 367 Meadows East Building, 6325 Security Boulevard, Baltimore, Maryland 21207. For technical questions involving computer programming of the data, contact our Bureau of Support Services (301-594-4077).

\*For a more detailed discussion of the Medicare program reasonable charge methodology, the reader is directed to HCFA Publication No. 80-20037 entitled, Determination of Reasonable Charges under Part B of Medicare.



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#### Table A

### Terminology Used in the Medicare Directory of Prevailing Charges

Due to studies of high volume medical procedures conducted in the past, only 30 of the 110 procedures will have prevailing charge screens recorded for both General Practitioners and selected Specialists. The remaining procedures will have charge screens relating only to the category of specialist specified below:

Procedure	Terminology	<pre>Specialist(s)</pre>
1	Initial Brief Office Visit	Internist
2	Initial Limited Office Visit	GP, Internist
3	Initial Intermediate Office Visit	Internist
4	Initial Comprehensive Office Visit	GP, Internist
5	Minimal Followup Office Visit.	GP, Internist
6	Brief Followup Office Visit	GP, Internist
7	Limited Followup Office Visit	GP, Internist
8	Intermediate Followup Office Visit	GP, Internist
9	Extended Followup Office Visit	GP, Internist
10	Comprehensive Followup Office Visit	GP, Internist
11	Brief Followup Home Visit	GP, Family Practitioner
12	Limited Followup Home Visit	Family Practitioner
13	Intermediate Followup Home Visit	GP, Family Practitioner
14	Extended Care Facility Visit	Internist
15	Brief Followup Nursing Home Visit	GP, Internist
16	Initial Brief Hospital Visit	GP, Internist
17	Initial Intermediate Hospital Visit	Internist
18	Initial Comprehensive Hospital Visit	GP, Internist
19	Brief Followup Hospital Visit	GP, Internist
20	Limited Followup Hospital Visit	GP, Internist
21	Intermediate Followup Hospital Visit	GP, Internist
22	Extended Followup Hospital Visit	Internist
23	Brief Emergency Room Visit	Internist
24	Limited Emergency Room Visit	Internist
25	Intermediate Emergency Room Visit	Internist
26	Limited Consultation	GP, Internist
2 7	Extensive Consultation	Internist
28	Comprehensive Consultation	Internist
29	Psychotherapy-One Hour	Psychiatrist
30	Psychotherapy-Half Hour	Psychiatrist

Procedure	Terminology	<pre>Specialist(s)</pre>
31	Chiropractic Office Visit	GP, Chiropractor
32	Initial Physiotherapy	Physical Therapist
33	Followup Podiatric Office Visit	Podiatrist
34	Electrocardiogram (EKG)	GP, Internist
35	EKG-Interpretation, Report Only	GP, Internist
36	Arterial Blood Gas Study	Internist
37	Electroencephalogram (EEG)	Neurologist
38	Chemotherapy	Internist 1/
39	Collection of Specimens	Laboratory 1/2
40	Debridement of Nails	Surgeon
41	Skin Biopsy	Surgeon
42	Chemoc autery	Surgeon
43	Radical Mastectomy (Modified)	Surgeon
44	Open Reduction of Fracture	Orthopedic Surgeon
45	Arthrocentesis-Major Joint	Orthopedic Surgeon
46	Coronary by-pass (three or more arteries)	GP, Thoracic Surgeon
47	Attificial Hip Replacement	Orthopedic Surgeon
48	Needle Puncture of Bursa	Internist
49	Bronchoscopy	Internist
50	Thoracentesis	General Surgeon
51	Catherization of Heart	Cardiologist
52	Insertion of Pacemaker	Cardiologist
53	Partial Colectomy	General Surgeon
54	Appendectomy	General Surgeon
55	Sigmoidoscopy	GP, General Surgeon
56	Hemorrhoidectomy	General Surgeon
57	Cholecystectomy	General Surgeon
58	Repair Hernia	General Surgeon
59	Diagnostic Cystourethroscopy	GP, Urologist
60	Dilation of Urethra	Urologist
61	Prostatectomy	Urologist
62	Electrosection-Prostate (TUR)	GP, Urologist
63	Hysterectomy	Obstetrician-Gynecologist
64	Initial Complete Eye Exam	Opthalmologist
65	Comprehensive Eye Exam	Opthalmologist
66	Eye Exam with Tonometry	Opthalmologist
67	Extraction of Lens	GP, Opthalmologist
68	Chest X-ray-Single View	GP, Radiologist
69	Chest X-ray-Two Views	GP, Radiologist
70	X-ray-Spine	Radiologist

 $<sup>\</sup>underline{1}/$  Without regard to medical specialty or place where service was performed.

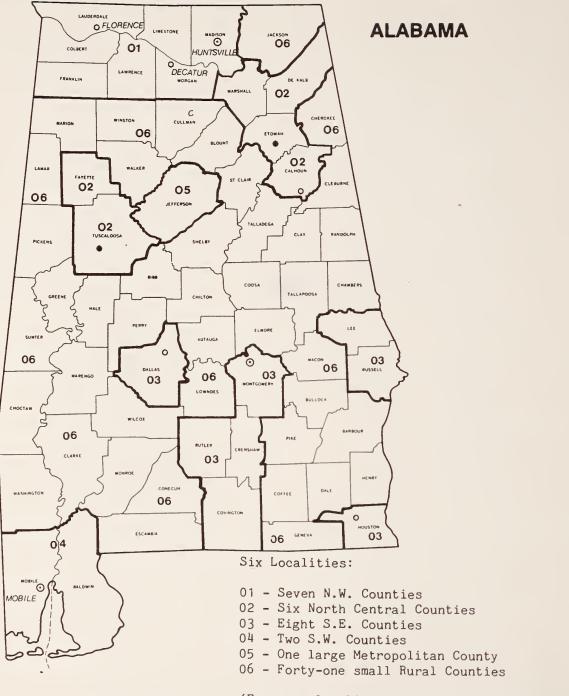
Procedure	Рr	oc	ed	u 1	:e
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71	X-ray-Hip	Radiologist
72	X-ray-Upper GI Tract	GP, Radiologist
73	X-ray-Colon	Radiologist
74	Radiation Therapy-Low Volt	GP, Radiologist
75	Radiation Therapy-Super Volt	GP, Radiologist
76	Radiation Therapy-Megavolt	Radiologist
77	CAT Scan-Head	Radiologist
78	CAT Scan-Abdomen	Radiologist,
79	Three Chemistry Tests	Laboratory $\frac{1}{2}$
80	Twelve Chemistry Tests	Laboratory
81	Culture-Other than Blood	Laboratory
82	Hemoglobin	Laboratory
83	Automated Blood Count	Laboratory
84	White Cell Count	Laboratory
85	Complete Blood Count (CBC)	Laboratory
86	Cholesterol Test	Laboratory
87	Flocculation Test	Laboratory
88	Hematocrit	Laboratory
89	Platelet Count (Rees-Ecker)	Laboratory
90	Potassium Test	Laboratory
91	Prothrombin Time Test	Laboratory
92	Sedimentation Rate	Laboratory
93	Blood Sugar	Laboratory
94	BUN-Urea Nitrogen	Laboratory
95	Uric Acid	Laboratory
96	Feces-Occult Blood	Laboratory
97	Pap Test	Laboratory
98	Routine Urinalysis	Laboratory
99	Chemical Urinalysis	Laboratory
100	Pathology-Three Specimens	Laboratory

 $<sup>\</sup>underline{1}$ / Without regard to medical specialty or place where service was performed.

Procedure		<pre>Specialist(s)</pre>
101	Monitoring of Pacemaker	Cardiologist
102	Donor Nephrectomy	Urology
103	Kidney Transplant	Urology
	Rental Equipment	
104	Standard Hospital Bed	No speciality
105	Standard Walker	No speciality
106	Standard Wheelchair	No speciality
107	Liquid Oxygen System	No speciality
	Purchased Equipment	
108	Standard Hospital Bed	No speciality
109	Standard Walker	No speciality
110	Standard Wheelchair	No speciality

ALABAMA



(For more locality information see Appendix A)

1981 PREVAILING CHARGE SUMMARY		/C-B/S OF A		L PRACTICE		BAMA Ty oesignat	ION FOR SPE	ECIALIST	
PROCEDURE DESCRIPTION	01	02	03	04	01	02	03	04	
1 INITIAL BRIEF OFFICE VISIT	*								1
2 INITIAL LIMITED OFFICE VISIT									2
3 INITIAL INTERMED OFFICE VISIT									3
4 INITIAL COMP OFFICE VISIT	25.00	30.00	30.00*	30.00	40.00	49.70*	55.00	50.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT									5
6 BRIEF FOLLOWUP OFFICE VISIT	12.00*	13.00	14.00*	12.00*	12.40*	13.00*	16.70*	16.70*	6
7 LIMITED FOLLOWUP OFFICE VISIT									7
8 INTERMEDIATE F/U OFFICE VISIT	16.70*	16.70*	19.00*	16.70*	20.00	24.90*	17.00*	24.90*	8
9 EXTENDED F/U OFFICE VISIT									9
10 COMP FOLLOWUP OFFICE VISIT	30.00	35.00	25.00	25.00*	40.00	49.70*	49.70*	58.00*	10
11 BRIEF FOLLOWUP HOME VISIT									11
12 LIMITEO FOLLOWUP HOME VISIT									12
13 INTERMOIATE F/U HOME VISIT	16.70*	16.70*	15.00	19.90*	16.70*	16.70*	16.70*	16.70*	13
14 EXTENDED CARE FACILITY VISIT									14
15 BRIEF F/U NURSING HOME VISIT	15.00*	15.00*	15.00*	15.00*	15.00*	15.00*	16.70*	16.70*	15
16 INITIAL BRIEF HOSPITAL VISIT									16
17 INIT INTERMED HOSPITAL VISIT									17
18 INITIAL COMP HOSPITAL VISIT	41.40*	40.00	40.00	41.40*	41.40*	49.70*	58.00*	49.70*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	15.00	11.60*	13.10*	16.00	16.70*	11.60*	16.70*	16.70*	19
20 LIMITEO F/U HOSPITAL VISIT									20
21 INTERMEO F/U HOSPITAL VISIT									21
22 EXTENOEO F/U HOSPITAL VISIT									22
23 BRIEF EMERGENCY ROOM VISIT									23
24 LIMITEO EMERGENCY ROOM VISIT					16.70*	24.90*	24.90*	24.90*	24
25 INTERMEO EMERGENCY ROOM VISIT									25
26 LIMITEO CONSULTATION	35.00	41.40*	35.00*	41.40*	41.40*	49.70*	49.70*	49.70*	26
27 EXTENSIVE CONSULTATION					75.00	57.50	58.00*	58.00*	27
28 COMPREHENSIVE CONSULTATION									28
29 PSYCHOTHERAPY-ONE HOUR					45.00	50.00	49.70L	49.70*	29
30 PSYCHOTHERAPY-HALF HOUR					24.90L	30.00	24.90*	24.90*	30
31 CHIROPRACTIC OFFICE VISIT		8.30*	7.60*		10.00	9.90*	9.30*	12.00	31
32 INITIAL PHYSIOTHERAPY									32
33 F/U POOIATRIC OFFICE VISIT									33
34 ELECTROCAROIOGRAM (EKG)	24.90*	24.90*	24.90*	24.90*	24.90*	24.90*	24.90*	24.90*	34
35 EKG-INTERPRET AND REPORT ONLY	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	35
36 SPIROMETRY					18.50*	25.00	40.00	9.20*	36
37 ELECTROENCEPHALOGRAM (EEG)							65.00	65.00	37
38 CHEMOTHERAPY					11.60*	20.00	20.00	18.60*	38
39 COLLECTION OF SPECIMENS									39
40 DEBRIDEMENT OF NAILS									40
41 SKIN BIOPSY					40.00	35.00*	45.00	40.00	41
42 CHEMOCAUTERY						30.00			42
43 RADICAL MASTECTOMY					825.00	825.00	825.00	825.00	43
44 OPEN REDUCTION OF FRACTURE					829.20*	829.20*	829.20*	829.20*	44
45 ARTHROCENTESIS-MAJOR JOINT	22.00	20.00	20.00*	20.00	24.90*	20.00	20.00	20.00	45
46 CORONARY ARTERY BYPASS									46
47 TOTAL ARTIFICIAL HIP REPLACE					891.00	891.00	891.00		47
48 NEEOLE PUNCTURE OF BURSA					16.70*	25.00	25.00	16.70*	48
49 BRONCHOSCOPY					165.80*	190.00	165.80*	165.80*	49
50 THORACENTESIS					67.10*	58.40*	41.40*	39.40*	50
51 CATHERIZATION OF HEART					357.70*		400.00	369.80*	51
52 INSERTION OF PACEMAKER					850.00	850.00	850.00	850.00	52
53 PARTIAL COLECTOMY					900.00	746.20*	912.00*	900.00	- 53
54 APPENOECTOMY	350.00	350.00	270.60*	350.00	355.30*	375.00	336.70*	325.10*	54
55 SIGMOIOOSCOPY					41.40*	29.80*	41.40*	41.40*	55

1981 PREVAILING CHARGE SUMMARY		C-B/S OF ADESIGNATION		L PRACTICE		BAMA TY DESIGNAT	ION FOR SPE	CIALIST	
PROCEDURE DESCRIPTION	01	02	03	04	01	02	03	04	
56 HEMORRHOIOECTOMY 57 CHOLECYSTECTOMY					348.20* 580.30*	285.00 580.30*	348.20* 580.30*	348.20* 622.00*	56 57
58 REPAIR HERNIA					414.50*	348.20*	331.70*	373.10*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	82.80*		82.80*	77.10*	80.00	66.40*	65.00*	82.80*	59
60 DILATION OF URETHRA					20.00	20.00	24.00	45.00	60
61 PROSTATECTOMY - SUPRAPUBIC					800.00	746.20*	800.00	800.00	61
62 ELECTROSECTION-PROSTATE (TUR)				750.00	663.40+	704.80*	729.70*	750.00	62
63 HYSTERECTOMY .					746.20*	746.20*	746.20*	746.20*	63
64 INITIAL COMPLETE EYE EXAM									64
65 COMPREHENSIVE EYE EXAM					28.00	20.00	30.00	30.00	65
66 EYE EXAM WITH TONOMETRY					15.00	12.40*	14.50*	25.00	66
67 EXTRACTION OF LENS	696.10*				746.20*	675.00	750.00	746.20+	67
68 CHEST X-RAY - SINGLE VIEW	20.00	21.00	19.90+	24.90*	21.60+	21.60*	17.00*	21.60*	68
69 CHEST X-RAY - TWO VIEWS	24.90*	24.90*	24.90*	24.90*	24.90*	24.90*	27.00	24.90+	69
70 X-RAY SPINE					35.00	42.90	44.90*	35.00	70
71 X-RAY HIP	E0. 00+		F0 00:	EE 20:	27.00	33.10+	27.00	27.00	71
72 X-RAY UPPER GI TRACT	58.00*		58.00+	55.30*	65.00	66.40*	66.40*	65.00	72
73 X-RAY COLON 74 RADIATION THERAPY-LOW VOLT					58.00* 24.90*	58.00*	61.00 23.10*	55.00	73 74
75 RADIATION THERAPY-SUPER VOLT					30.00	24.90+ 30.00	28.00+		75
76 RADIATION THERAPY-MEGAVOLT					30.00	30.00	20.00+		76
77 CAT SCAN - HEAD					285.00		285.00	247.50+	77
78 CAT SCAN - ABDOMEN					70.00 P	70.00 P	70.00 P	75.00 P	78
79 THREE CHEMISTRY TESTS					, , , , ,	, 0.00 ,	, 0.00	, 5 . 5 5	79
80 NINETEEN CHEMISTRY TESTS									80
81 CULTURE - OTHER THAN BLOOD									81
82 HEMOGLOBIN									82
83 AUTOMATEO BLOOO COUNT									83
84 WHITE CELL COUNT					4.00		4.00		84
85 COMPLETE BLOOD COUNT (CBC)					8.50L		8.50L		85
86 CHOLESTEROL TEST					5.00L				86
87 FLOCCULATION TEST									87
88 HEMATOCRIT					3.00L		3.00L		88
89 PLATELET COUNT (REES-ECKER)									89
90 POTASSIUM TEST - BLOOO 91 PROTHROMBIN TIME TEST									90
92 SEOIMENTATION RATE									91 92
93 BLOOD SUGAR					6.00L		6.00L		93
94 BUN-UREA - NITROGEN					0.002		0.002		94
95 URIC ACIO					7.00L				95
96 FECES-OCCULT BLOOD-SCREENING									96
97 PAP TEST									97
98 ROUTINE URINALYSIS					4.00L				98
99 CHEMICAL URINALYSIS									99
100 PATHOLOGY - THREE SPECIMENS					23.00	22.00	25.00	15.00	100
101 ELEC MONITORING-PACEMAKER					40.40L	40.40L	40.40L	40.40	101
102 DONOR NEPHRECTOMY-UNILATERAL					11.00L	11.00	11.00	11.00	102
103 KIONEY TRANSPLANT					23.40L	23.40L	23.40L	23.40L	103
104 HOSPITAL BEO - RENTAL 105 WALKER - RENTAL					424.00L	424.00L	424.00L	424.00L	104
106 WHEELCHAIR - RENTAL									105
107 LIQUIO OXYGEN - RENTAL									106
108 HOSPITAL BEO - PURCHASE									107 108
109 WALKER - PURCHASE									109
110 WHEELCHAIR - PURCHASE									110
			4						
			7						

1981	PREVAILING	CHARGE	SUMMARY	DATA	B/C-B/S	OF	ALABAN	1A	
				LOCALITY	/ DESTONA	TIO	M EOD	CENEDAL	DDACTIC

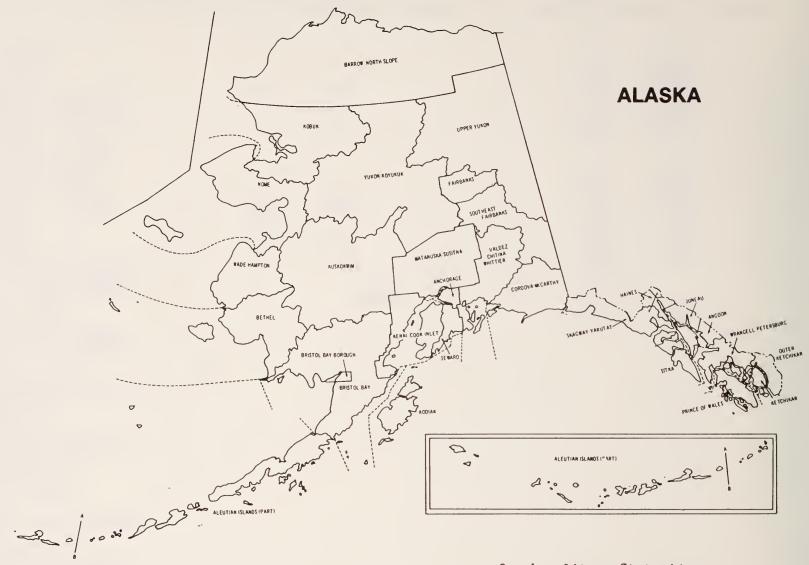
ALABAMA
LOCALITY DESIGNATION FOR SPECIALIST

	LOCALITY DESIGNATION	ON FOR GENERAL PRACTICE	<ul> <li>LOCALITY OESIGNATION FOR SPECIALIST</li> </ul>	
PROCEOURE DESCRIPTION	05	06	. 05 06	
1 INITIAL BRIEF OFFICE VISIT				f
2 INITIAL LIMITEO OFFICE VISIT				2
3 INITIAL INTERMEO OFFICE VISIT 4 INITIAL COMP OFFICE VISIT	35.00	25.00	E9 00+ 2E 00	3
5 MINIMAL FOLLOWUP OFFICE VISIT	35.00	25.00	58.00* 35.00	4 5
6 BRIEF FOLLOWUP OFFICE VISIT	15.00*	12.00	16.70* 12.00*	6
7 LIMITEO FOLLOWUP OFFICE VISIT				7
8 INTERMEDIATE F/U OFFICE VISIT	20.00	15.00	24.90* 16.70*	8
9 EXTENDED F/U OFFICE VISIT				9
10 COMP FOLLOWUP OFFICE VISIT	40.00	25.00	58.00* 49.70*	10
11 BRIEF FOLLOWUP HOME VISIT 12 LIMITEO FOLLOWUP HOME VISIT				11 12
13 INTERMOIATE F/U HOME VISIT	20.00	16.70*	16.70* 16.70*	13
14 EXTENDED CARE FACILITY VISIT	20.00		10.70	14
15 BRIEF F/U NURSING HOME VISIT	15.00	15.00*	16.70* 15.00*	15
16 INITIAL BRIEF HOSPITAL VISIT				16
17 INIT INTERMED HOSPITAL VISIT	4.4.4.	44.40		17
18 INITIAL COMP HOSPITAL VISIT	41.40*	41.40*	58.00* 55.00	18
19 BRIEF FOLLOWUP HOSPITAL VISIT 20 LIMITEO F/U HOSPITAL VISIT	16.70*	11.60*	16.70* 11.10*	19 20
21 INTERMEO F/U HOSPITAL VISIT				21
22 EXTENOEO F/U HOSPITAL VISIT				22
23 BRIEF EMERGENCY ROOM VISIT				23
24 LIMITEO EMERGENCY ROOM VISIT			24.90* 20.00	24
25 INTERMED EMERGENCY ROOM VISIT	44.40.	44.40	F0 00 . F0 00	25
26 LIMITEO CONSULTATION 27 EXTENSIVE CONSULTATION	41.40*	41.40*	58.00* 50.00 74.50* 60.00	26 27
28 COMPREHENSIVE CONSULTATION			74.50* 60.00	28
29 PSYCHOTHERAPY-ONE HOUR			50.00* 40.00	29
30 PSYCHOTHERAPY-HALF HOUR			35.00* 22.10*	30
31 CHIROPRACTIC OFFICE VISIT		7.10*	10.00 8.00	31
32 INITIAL PHYSIOTHERAPY				32
33 F/U POOIATRIC OFFICE VISIT	20.00	24 00+	30.00 25.00	33 34
34 ELECTROCAROIOGRAM (EKG) 35 EKG-INTERPRET AND REPORT ONLY	30.00 15.00	24.90* 15.00	30.00 25.00 15.00 15.00	35
36 SPIROMETRY	13.00	13.00	17.60*	36
37 ELECTROENCEPHALOGRAM (EEG)			60.00	37
38 CHEMOTHERAPY			18.80*	38
39 COLLECTION OF SPECIMENS				39
40 DEBRIOEMENT OF NAILS			E0 00+ 3E 00	40
41 SKIN BIOPSY 42 CHEMOCAUTERY			50.00* 35.00 35.00*	41 42
43 RAOICAL MASTECTOMY			825.00 825.00	43
44 OPEN REDUCTION OF FRACTURE			829.20* 978.50*	44
45 ARTHROCENTESIS-MAJOR JOINT	25.00	15.00	25.00 20.30*	45
46 CORONARY ARTERY BYPASS				46
47 TOTAL ARTIFICIAL HIP REPLACE			695.00* 891.00	47
48 NEEOLE PUNCTURE OF BURSA 49 BRONCHOSCOPY			30.00* 16.70* 165.80* 165.80*	48 49
50 THORACENTESIS			100.00	50
51 CATHERIZATION OF HEART			400.00	51
52 INSERTION OF PACEMAKER			850.00	52
53 PARTIAL COLECTOMY			1100.00 850.00	53
54 APPENDECTOMY	350.00	350.00	354.10* 375.00	54
55 SIGMOIOOSCOPY			41.40* 41.40*	55

5

	LUCALITY DESIGNATI	DN FDR GENERAL PRACTICE	LDCALITY DESIGN	ATTON FOR SPECIAL	151
PRDCEDURE DESCRIPTION	05	06	05	06	
5 HEMDRRHDIDECTDMY			348.20*	300.00	
CHDLECYSTECTDMY			663.40*	538.90*	
B REPAIR HERNIA			414.50*	300.00*	
DIAGNOSTIC CYSTDURETHROSCOPY	82.80*	92 90+	58.00*	66.40*	
	82.80*	82.80*			
DILATION OF URETHRA			30.00	16.70*	
PROSTATECTOMY - SUPRAPUBIC			800.00	800.00	
ELECTROSECTION-PROSTATE (TUR)		779.00*	800.00	746.20*	
3 HYSTERECTOMY			746.20*	746.20*	
INITIAL COMPLETE EYE EXAM					
COMPREHENSIVE EYE EXAM			30.00	34.70*	
EYE EXAM WITH TONOMETRY			15.00	10.00	
EXTRACTION DF LENS			829.20*	650.00	
CHEST X-RAY - SINGLE VIEW	24.00	19.90*	20.00*	16.00	
CHEST X-RAY - TWO VIEWS	26.25	24.90*	24.90*	24.90*	
X-RAY SPINE	20.23	24.50*	35.00		
				35.00	
X-RAY HIP			27.00	27.00	
2 X-RAY UPPER GI TRACT	58.00*	58.00*	57.00	65.00	
3 X-RAY COLDN			57.00	58.00*	
RADIATION THERAPY-LOW VOLT			18.30*		
RADIATION THERAPY-SUPER VOLT			30.00		
RADIATION THERAPY-MEGAVOLT					
CAT SCAN - HEAD			285.00		
CAT SCAN - ABDDMEN			55.00 P	70.00 P	
			33.00 P	70.00 P	
THREE CHEMISTRY TESTS					
NINETEEN CHEMISTRY TESTS					
CULTURE - OTHER THAN BLOOD					
HEMOGLOBIN					
B AUTDMATEO BLOOD COUNT					
WHITE CELL COUNT					
COMPLETE BLOOD CDUNT (CBC)					
CHOLESTEROL TEST					
FLDCCULATION TEST					
HEMATOCRIT					
PLATELET COUNT (REES-ECKER)					
PDTASSIUM TEST - BLDDD					
PROTHROMBIN TIME TEST					
SEDIMENTATION RATE					
B BLOOD SUGAR					
BUN-UREA - NITRDGEN					
URIC ACIO					
FECES-OCCULT BLOOD-SCREENING					
PAP TEST					
RDUTINE URINALYSIS					
CHEMICAL URINALYSIS				•	
PATHOLDGY - THREE SPECIMENS			20.00	25.00	
ELEC MONITORING-PACEMAKER			40.40L	40.40	
DDNOR NEPHRECTOMY-UNILATERAL			11.00	11.00	
KIONEY TRANSPLANT			23.40L	23.40L	
HOSPITAL BED - RENTAL			424.00L	424.00L	
WALKER - RENTAL					
WHEELCHAIR - RENTAL					
LIQUID OXYGEN - RENTAL					
B HOSPITAL BEO - PURCHASE					
WALKER - PURCHASE					
WHEELCHAIR - PURCHASE					

ALASKA



One Locality - Statewide

PROCEOURE DESCRIPTION	SINGLE	SINGLE	
1 INITIAL BRIEF OFFICE VISIT		16.60*	1
2 INITIAL LIMITED OFFICE VISIT	33.10*	41.40*	2
3 INITIAL INTERMEO OFFICE VISIT	331.0	63.50*	3
4 INITIAL COMP OFFICE VISIT	83.00*	59.00*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	13.25*	11.60*	5
6 BRIEF FOLLOWUP OFFICE VISIT	19.90*	19.90*	6
7 LIMITEO FOLLOWUP OFFICE VISIT	24.80*	18.90*	7
8 INTERMEDIATE F/U OFFICE VISIT	24.80*	24.80*	8
9 EXTENDED F/U OFFICE VISIT	49.80*	40.00	9
10 COMP FOLLOWUP OFFICE VISIT	63.00*	58.00*	10
11 BRIEF FOLLOWUP HOME VISIT	33.00	30.00	11
12 LIMITEO FOLLOWUP HOME VISIT	33.00	42.30*	12
13 INTERMDIATE F/U HOME VISIT		12.00	13
14 EXTENDED CARE FACILITY VISIT		17.00*	14
15 BRIEF F/U NURSING HOME VISIT	16.60*	14.40*	15
16 INITIAL BRIEF HOSPITAL VISIT	49.80*	39.80*	16
17 INIT INTERMED HOSPITAL VISIT	13.00	41.40*	17
18 INITIAL COMP HOSPITAL VISIT	83.00*	71.75*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	19.90*	19.90*	19
20 LIMITEO F/U HOSPITAL VISIT	35.00	28.80*	20
21 INTERMED F/U HOSPITAL VISIT	44.75*	31.30*	21
22 EXTENDED F/U HOSPITAL VISIT	44.75	54.80*	22
23 BRIEF EMERGENCY ROOM VISIT		26.90*	23
24 LIMITED EMERGENCY ROOM VISIT		36.30*	24
25 INTERMED EMERGENCY ROOM VISIT		63.90*	25
26 LIMITEO CONSULTATION	42.80*	41.60*	26
27 EXTENSIVE CONSULTATION	42.00	78.90*	27
28 COMPREHENSIVE CONSULTATION		83.00*	28
29 PSYCHOTHERAPY-ONE HOUR		54.20*	29
30 PSYCHOTHERAPY-HALF HOUR		30.30*	30
31 CHIROPRACTIC OFFICE VISIT		- 17.90*	31
32 INITIAL PHYSIOTHERAPY		20.60*	32
33 F/U POOIATRIC OFFICE VISIT		20.00*	33
34 ELECTROCAROIOGRAM (EKG)	49.80*	48.00	34
35 EKG-INTERPRET AND REPORT ONLY	19.90*	19.50	35
36 SPIROMETRY	15.50*	30.00*	36
37 ELECTROENCEPHALOGRAM (EEG)		99.50*	37
38 CHEMOTHERAPY		99.30*	38
39 COLLECTION OF SPECIMENS		7.50	39
40 OEBRIOEMENT OF NAILS		23.60*	40
41 SKIN BIOPSY		42.00	41
42 CHEMOCAUTERY		23.60*	42
43 RADICAL MASTECTOMY		25.00	43
44 OPEN REDUCTION OF FRACTURE		331.00*	44
45 ARTHROCENTESIS-MAJOR JOINT	38.20*	41.40*	45
46 CORONARY ARTERY BYPASS	30.20	41,40	46
47 TOTAL ARTIFICIAL HIP REPLACE		2788.90*	47
48 NEEOLE PUNCTURE OF BURSA		30.80*	48
49 BRONCHOSCOPY		212.75*	49
50 THORACENTESIS		53.10*	50
51 CATHERIZATION OF HEART		30.10-	51
52 INSERTION OF PACEMAKER		1326.20*	52
53 PARTIAL COLECTOMY		1326.20*	53
54 APPENOECTOMY		616.70*	54
55 SIGMOIOOSCOPY		49.80*	55
30 310m31003001 1		40.00	55

PROCEOURE DESCRIPTION

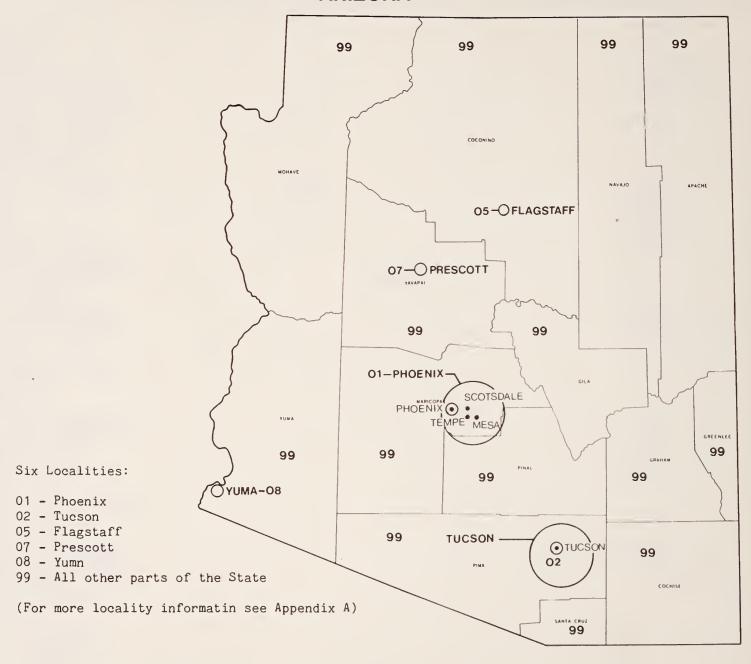
SINGLE

SINGLE

PROCEDURE DESCRIPTION	ZINGLE	SINGLE	
			50
56 HEMORRHOIDECTOMY		204.00	56
57 CHOLECYSTECTOMY		961.60*	57
58 REPAIR HERNIA		671.40*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	77.10*	102.00	59
60 DILATION OF URETHRA .		31.50*	60
61 PROSTATECTOMY - SUPRAPUBIC			61
62 ELECTROSECTION-PROSTATE (TUR)	1233.40*	1326.20*	62
63 HYSTERECTOMY			63
64 INITIAL COMPLETE EYE EXAM		39.80*	64
65 COMPREHENSIVE EYE EXAM			65
66 EYE EXAM WITH TONOMETRY		16.60*	66
67 EXTRACTION OF LENS			67
68 CHEST X-RAY - SINGLE VIEW	28.00	30.00	68
69 CHEST X-RAY - TWO VIEWS	41.40*	38.00	69
70 X-RAY SPINE		45.00*	70
71 X-RAY HIP		43.00	71
72 X-RAY UPPER GI TRACT	92.90*	92.90*	72
73 X-RAY COLON	52.00	82.10*	73
74 RADIATION THERAPY-LOW VOLT		52.10	74
75 RADIATION THERAPY-SUPER VOLT			75
76 RADIATION THERAPY-MEGAVOLT			76
			77
77 CAT SCAN - HEAD			
78 CAT SCAN - ABOOMEN		25.00	78
79 THREE CHEMISTRY TESTS		25.00	79
80 NINETEEN CHEMISTRY TESTS		30.00	80
81 CULTURE - OTHER THAN BLOOD		25.00	81
82 HEMOGLOBIN			82
83 AUTOMATEO BLOOD COUNT			83
84 WHITE CELL COUNT			84
85 COMPLETE BLOOD COUNT (CBC)			85
86 CHOLESTEROL TEST			86
87 FLOCCULATION TEST		10.00	87
88 HEMATOCRIT			88
89 PLATELET COUNT (REES-ECKER)		11.00	89
90 POTASSIUM TEST - BLOOD		17.00	90
91 PROTHROMBIN TIME TEST	•		91
92 SEDIMENTATION RATE			92
93 BLOOO SUGAR			93
94 BUN-UREA - NITROGEN			94
95 URIC ACIO			95
96 FECES-OCCULT BLOOD-SCREENING		5.00	96
97 PAP TEST			97
98 ROUTINE URINALYSIS			98
99 CHEMICAL URINALYSIS		4.00	99
100 PATHOLOGY - THREE SPECIMENS		38.75	100
101 ELEC MONITORING-PACEMAKER		33.73	101
102 DONOR NEPHRECTOMY-UNILATERAL			102
103 KIONEY TRANSPLANT			103
104 HOSPITAL BEO - RENTAL			
			104
105 WALKER - RENTAL			105
106 WHEELCHAIR - RENTAL			106
107 LIQUIO OXYGEN - RENTAL			107
108 HOSPITAL BEO - PURCHASE			108
109 WALKER - PURCHASE			109
110 WHEELCHAIR - PURCHASE			1 10

ARIZONA

# **ARIZONA**



1981 PREVAILING CHARGE SUMMARY		AETNA LIFE A OESIGNATION				ZONA TY OESIGNAT	TION FOR SPE	ECIALIST	
PROCEDURE DESCRIPTION	01	02	05	07	01	02	05	07	
1 INITIAL BRIEF OFFICE VISIT					24.80*	20.00	16.60*	16.60*	1
2 INITIAL LIMITEO OFFICE VISIT	40.00	30.00	33.00	41.40*	35.00	25.00	33.10*	28.00	2
3 INITIAL INTERMEO OFFICE VISIT					19.90*			25.00	3
4 INITIAL COMP OFFICE VISIT	58.00*	45.00	40.00*	41.40*	35.00	40.00	40.00	40.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT	8.40*	8.40*	6.60*	6.60*	10.00*	9.10*	6.00*	6.00*	5
6 BRIEF FOLLOWUP OFFICE VISIT	13.25*	13.25*	11.60*	13.25*	13.25*	13.25*	10.00*	13.50*	6
7 LIMITEO FOLLOWUP OFFICE VISIT	16.00	15.00	15.00	24.80*	19.90*	17.00	14.40*	16.60*	7
8 INTERMEDIATE F/U OFFICE VISIT	25.00	20.00	16.00	15.00*	24.00	17.00	20.00	20.00	8
9 EXTENOEO F/U OFFICE VISIT	35.00	30.00	35.00	25.00*	39.80*	25.00	35.00	35.00	9
10 COMP FOLLOWUP OFFICE VISIT	53.00*	20.00	50.00	25.00	50.00	35.00	45.00	45.00	10
11 BRIEF FOLLOWUP HOME VISIT	24.80*	24.80*	24.80*	24.80*	24.80*	25.00*	19.30*	24.80*	1.1
12 LIMITED FOLLOWUP HOME VISIT					18.00	18.00		18.00	12
13 INTERMOIATE F/U HOME VISIT								•	13
14 EXTENDED CARE FACILITY VISIT					20.00	25.00	20.00	20.00	14
15 BRIEF F/U NURSING HOME VISIT	23.25*	24.80*	23.25*	16.60*	15.00	15.00	15.00	15.00	15
16 INITIAL BRIEF HOSPITAL VISIT	41.40*	49.80*	49.80*	.33.10*	41.40*	50.00	40.30*	40.30*	16
17 INIT INTERMED HOSPITAL VISIT					58.00*	58.00*	58.00*	50.00*	17
18 INITIAL COMP HOSPITAL VISIT	58.00*	59.60*	49.80*	33.10*	69.60*	64.75*	58.00*	63.00*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	16.60*	16.60*	15.00	13.25*	16.60*	16.60*	10.00*	13.50*	19
20 LIMITED F/U HOSPITAL VISIT	24.00	18.00	25.00	25.00	24.80*	20.00	20.20*	20.20*	20
21 INTERMEO F/U HOSPITAL VISIT	23.00	20.00	20.00	14.30*	24.00	16.60*	25 00	15.00*	21
22 EXTENDED F/U HOSPITAL VISIT					25.00	25.00	25.00	25.00	22
23 BRIEF EMERGENCY ROOM VISIT					22.00*	25.00	23.00*	23.00*	23
24 LIMITEO EMERGENCY ROOM VISIT					27.40*	30.00 50.00	28.80* 50.00	28.80* 50.00	24 25
25 INTERMEO EMERGENCY ROOM VISIT	40.00	46.30*	46.20*	46.20*	50.00 50.20*	307 (87	49.50*	49.50*	26
26 LIMITEO CONSULTATION 27 EXTENSIVE CONSULTATION	40.00	46.30*	46.20*	40.20	55.00	50.00	55.00	55.00	27
28 COMPREHENSIVE CONSULTATION					58.00*	75.00	57.80*	58.00*	28
29 PSYCHOTHERAPY-ONE HOUR					60.00	65.00	63.80*	63.80*	29
30 PSYCHOTHERAPY-HALF HOUR					34.50*	30.00	34.50*	34.50*	30
31 CHIROPRACTIC OFFICE VISIT	14.40*	15.70*	13.00*	14.90*	14.50*	15.00	14.00	15.40*	31
32 INITIAL PHYSIOTHERAPY	14.40	13.70	.0.00	14.30	15.40	16.20*	16.60*	16.60*	32
33 F/U POOIATRIC OFFICE VISIT					70.70			.0.00	33
34 ELECTROCARDIOGRAM (EKG)	29.90*	25.00	25.00	33.10*	27.30*	24.80*	26.00*	24.80*	34
35 EKG-INTERPRET AND REPORT ONLY	12.40*	8.40*	8.40*	7.90*	5.70*	7.50	7.00	7.00	35
36 SPIROMETRY		- 4			34.90*	25.00	34.90*	34.90*	36
37 ELECTROENCEPHALOGRAM (EEG)					75.00	78.90*	78.90*	78.90*	37
38 CHEMOTHERAPY					17.60*	16.40*	17.20*	17.20*	38
39 COLLECTION OF SPECIMENS					6.00	4.00	10.00	5.00	39
40 DEBRIDEMENT OF NAILS					16.00	16.00	16.00	16.00	40
41 SKIN BIOPSY					36.00	38.00	38.00	33.80*	41
42 CHEMOCAUTERY					24.80*	24.80*	24.80*	22.60*	42
43 RADICAL MASTECTOMY									43
44 OPEN REDUCTION OF FRACTURE									44
45 ARTHROCENTESIS-MAJOR JOINT	30.00	20.00	22.50*	23.00	31.40*	24.80*	30.00	30.00	45
46 CORONARY ARTERY BYPASS						3230.00*		3230.00*	46
47 TOTAL ARTIFICIAL HIP REPLACE						1989.30*	1989.30*		47
48 NEEOLE PUNCTURE OF BURSA					34.90*	22.60*	33.10*	21.50*	48
49 BRONCHOSCOPY					169.20*			198.90*	49
50 THORACENTESIS					39.60	39.60	39.60	35.00*	50 -
51 CATHERIZATION OF HEART					500.00*	500.00*	500.00*	500.00*	51
52 INSERTION OF PACEMAKER					1127.40*	1200.00	1200.00	1200.00	52
53 PARTIAL COLECTOMY	440.00	EE0 20.	EE0 00:	40E 00:	E20 E0:	994.70*	467 00+	1061.00*	53 54
54 APPENOECTOMY	118.00*	558.30*	558.30*	125.80*	530.50* 41.40*	552.90* 33.10*	467.00* 29.90*	33.10*	54 55
55 SIGMOIOOSCOPY					41.40*	33.10*	23.30*	33.10*	55

	1981 PREVAILING CHARGE SUMMARY			NO CASUALTY FOR GENERAL	_ PRACTICE		ZONA TY OESIGNAT	ION FOR SPE	CIALIST	
	PROCEOURE DESCRIPTION	01	02	05	07	01	02	05	07	
56	HEMORRHOIOECTOMY					414.50*	378.00*	336.30*	386.30+	56
57	CHOLECYSTECTOMY					787.60*	696.30*	596.90*	676.40*	57
58	REPAIR HERNIA					464.20*	431.10*	381.30*	394.60*	58
59	OIAGNOSTIC CYSTOURETHROSCOPY	56.50*	47.30*	49.80*	49.80*	59.50*	55.30*	49.80*	49.80*	59
60	OILATION OF URETHRA					25.00	20.00	25.00	25.00	60
61	PROSTATECTOMY - SUPRAPUBIC					974.40*	960.00			61
62	ELECTROSECTION-PROSTATE (TUR)	928.50*		928.50*	928.50+	862.00*	862.00*	862.00*	862.00*	62
63	HYSTERECTOMY						789.20*	788.80*	722.00	63
64	INITIAL COMPLETE EYE EXAM					32.00	30.40	32.00	32.00	64
	COMPREHENSIVE EYE EXAM					32.10+	31.60*	32.10*	32.10*	65
	EYE EXAM WITH TONOMETRY					16 60*	15 00	16 00	16 00	66
	EXTRACTION OF LENS	163.50*	163.50*	163.50*	163.50*					67
	CHEST X-RAY - SINGLE VIEW	24.80*	18.00	20.00	20.00	20.80*	19.90*	20.80*	19.00*	68
	CHEST X-RAY - TWO VIEWS	27.00	29.90*	28.00	26.50*	28.90*	27.00	27.00	26.90*	69
	X-RAY SPINE					33.10+	30.00*	34.00	34.00	70
	X-RAY HIP		45.00	CO CO.	60.60	35.00	35.00	35.00	35.00	71
	X-RAY UPPER GI TRACT	60.00	45.00*	69.60*	69.60*	59.60*	59.60*	71.00	71.00	72
	X-RAY COLON					49.80*	49.80*	77.50	77.50	73
	RADIATION THERAPY-LOW VOLT					24.80*	24.80*	23.60*	24.80*	74
	RADIATION THERAPY-SUPER VOLT									75 76
	RADIATION THERAPY-MEGAVOLT CAT SCAN - HEAO					280.00	277.60+	280.00	200 00	77
	CAT SCAN - HEAD					280.00	211.00+	280.00	280.00	78
	THREE CHEMISTRY TESTS					22.00	22.00	22.00	22.00	79
	NINETEEN CHEMISTRY TESTS					18.00	15.00	16.00	16.00	80
	CULTURE - OTHER THAN BLOOD					12.50	13.00	13.00	10.50	81
	HEMOGLOBIN					3.00L	3.00L	3.00L	3.00L	82
	AUTOMATEO BLOOD COUNT					6.00	5.00	6.00	6.00	83
	WHITE CELL COUNT					2.50L	2.50L	2.50L	2.50L	84
	COMPLETE BLOOD COUNT (CBC)					7.50L	7.50L	7.50L	7.50L	85
	CHOLESTEROL TEST					7.00L	7.00L	7.00L	7.00L	86
	FLOCCULATION TEST					7.00	10.00	7.00	7.00	87
	HEMATOCRIT					2.50L	2.50L	2.50L	2.50L	88
89	PLATELET COUNT (REES-ECKER)					6.00	8.00	6.00	11.00	89
90	POTASSIUM TEST - BLOOD					8.00	8.00	9.00	10.00	90
91	PROTHROMBIN TIME TEST					5.00L	5.00L	5.00L	5.00L	91
92	SECIMENTATION RATE					4.50L	4.50L	4.50L	4.50L	92
93	BLOOD SUGAR					6.00L	6.00L	6.00L	6.00L	93
	BUN-UREA - NITROGEN					6.00L	6.00L	6.00L	6.00L	94
	URIC ACID					6.00L	6.00L	6.00L	6.00L	95
	FECES-OCCULT BLOOD-SCREENING .					5.00	5.00	3.00	4.50	96
	PAP TEST					7.00L	7.00L	7.00L	7.00L	97
	ROUTINE URINALYSIS					5.00L	5.00L	5.00L	5.00L	98
	CHEMICAL URINALYSIS					3.00	2.00	3.00	3.00	99
	PATHOLOGY - THREE SPECIMENS					20.00	17.50	20.00	20.00	100
-	ELEC MONITORING-PACEMAKER					36.30*	36.20*	33.10*	33.10*	101
	OONOR NEPHRECTOMY-UNILATERAL								1204.20*	102
	KIONEY TRANSPLANT					45 45	20 75	50.00	F.O. 00	103
	HOSPITAL BEO - RENTAL					48.40	39.75	50.00	50.00	104
	WALKER - RENTAL					12.10*	11.10*	11.60*	11.60+	105
	WHEELCHAIR - RENTAL LIQUIO OXYGEN - RENTAL					25.50L	20. 40.	26.25L	26.25L	106
	HOSPITAL BEO - PURCHASE					39.40*	39.40+	39.40+	39.40+	107
	WALKER - PURCHASE					519.75L	519.75L	519.75L	519.75L	108
	WHEELCHAIR - PURCHASE					49.90 267.75	51.90	51.10	51.10	109 110
110	WITE COUNTR FORUMASE					267.75	296.80	267.75	267.75	110

1981 PREVAILING CHARGE SU	UMMARY DATA	AETNA	LIFE AND C	ASUALTY	
	LOCA	LITY DESIG	NATION FOR	GENERAL	PRACTICE

#### ARIZONA LOCALITY DESIGNATION FOR SPECIALIST

		on ton dentente thinotice	20072111 02314		
PROCEOURE DESCRIPTION	08	99	08	99	
1 INITIAL BRIEF OFFICE VISIT				16.60*	1
2 INITIAL LIMITED OFFICE VISIT	25.00	33.10*	24.00	25.00	2
3 INITIAL INTERMED OFFICE VISIT	23.00	33. 10	24.00	8.40*	3
4 INITIAL COMP OFFICE VISIT	50.00	25.00	40.00	40.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT	3.40*	6.60*	8.40*	4.90*	
6 BRIEF FOLLOWUP OFFICE VISIT	12.40*	11.60*	11.60*		5 6
	15.00	15.00	19.90*	11.60*	
7 LIMITEO FOLLOWUP OFFICE VISIT				13.25*	7 8
8 INTERMEDIATE F/U OFFICE VISIT	15.00	15.00	20.00	20.00	
9 EXTENDED F/U OFFICE VISIT	25.00*	25.00	35.00	33.10*	9
10 COMP FOLLOWUP OFFICE VISIT	49.80*	30.00	45.00	40.00*	10
11 BRIEF FOLLOWUP HOME VISIT	24.80*	24.80*	24.80*	16.60*	11
12 LIMITEO FOLLOWUP HOME VISIT			18.00	18.00	12
13 INTERMOIATE F/U HOME VISIT					13
14 EXTENDED CARE FACILITY VISIT			20.00	14.00	14
15 BRIEF F/U NURSING HOME VISIT	15.00	13.25*	15.00	15.00	15
16 INITIAL BRIEF HOSPITAL VISIT	55.00	41.40*	40.30*	55.00	16
17 INIT INTERMED HOSPITAL VISIT			58.00*	62.50	17
18 INITIAL COMP HOSPITAL VISIT	74.50*	60.00	69.60*	74.50*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	15.00	13.25*	13.50*	11.60*	19
20 LIMITEO F/U HOSPITAL VISIT	20.00	20.00	17.70*	15.00	20
21 INTERMEO F/U HOSPITAL VISIT	15.00	8.40*		8.40*	21
22 EXTENDED F/U HOSPITAL VISIT			25.00	25.00	22
23 BRIEF EMERGENCY ROOM VISIT			22.10*	22.30*	23
24 LIMITED EMERGENCY ROOM VISIT			27.70*	27.90*	24
25 INTERMED EMERGENCY ROOM VISIT			50.00	27.90*	25
26 LIMITEO CONSULTATION	46.20*	31.90*	49.50*	59.00*	26
27 EXTENSIVE CONSULTATION			55.00	50.00	27
28 COMPREHENSIVE CONSULTATION			58.00*	58.00*	28
29 PSYCHOTHERAPY-ONE HOUR			63.80*	60.00	29
30 PSYCHOTHERAPY-HALF HOUR			34.50*	33.50*	30
31 CHIROPRACTIC OFFICE VISIT	14.90*	12.40*	13.00	14.00	31
32 INITIAL PHYSIOTHERAPY	******		16.60*	16.20*	32
33 F/U PODIATRIC OFFICE VISIT					33
34 ELECTROCARDIOGRAM (EKG)	24.80*	32.00	27.30*	30.00	34
35 EKG-INTERPRET AND REPORT ONLY	8.40*	13.00	7.00	10.10*	35
36 SPIROMETRY	0.40	13.00	30.00	34.90*	36
			78.90*	78.90*	37
37 ELECTROENCEPHALOGRAM (EEG) 38 CHEMOTHERAPY			17.20*	17.20*	38
			6.00	7.50	39
39 COLLECTION OF SPECIMENS			14.50*	15.00	40
40 OEBRIOEMENT OF NAILS			34.00*	29.90*	41
41 SKIN BIOPSY				16.60*	42
42 CHEMOCAUTERY			24.80*	16.60*	
43 RADICAL MASTECTOMY			252 00:	4447 00:	43 44
44 OPEN REDUCTION OF FRACTURE	20.00	00.50	862.00*	1117.00*	
45 ARTHROCENTESIS-MAJOR JOINT	30.00	36.50	30.00	20.00	45
46 CORONARY ARTERY BYPASS			3230.00*	3230.00*	46
47 TOTAL ARTIFICIAL HIP REPLACE			1989.30*	445.60*	47
48 NEEOLE PUNCTURE OF BURSA			34.90*	22.60*	48
49 BRONCHOSCOPY				198.90*	49
50 THORACENTESIS			29.20*	35.00*	50
51 CATHERIZATION OF HEART			500.00*	500.00*	51
52 INSERTION OF PACEMAKER			254.50*	1200.00	52
53 PARTIAL COLECTOMY			901.80*	862.00*	53
54 APPENOECTOMY	558.30*	120.20*	485.90*	507.70*	54
55 SIGMOIOOSCOPY			26.50*	33.10*	55

1981	PREVAILING	CHARGE	SUMMARY	OATA	AETNA LIFE	ANO CA	ASUALTY	
				LOCALITY	OESIGNATIO	ON FOR	GENERAL	PRACTICE

ARIZONA
LOCALITY DESIGNATION FOR SPECIALIST

	LUCALITY DESIGNATI	UN FUR GENERA	AL PRACTICE	LUCALITY DESIGN	NATION FOR S	SPECIALIS	1
PROCEOURE DESCRIPTION	08	99		08	99		
56 HEMORRHOIDECTOMY				378.00*	300.00*		56
57 CHOLECYSTECTOMY				676.40*	663.20*		57
58 REPAIR HERNIA				394.60*	414.50*		58
	E4 40+	40 00+		49.80*	49.80*		59
59 OIAGNOSTIC CYSTOURETHROSCOPY	51.40*	49.80*		25.00	24.80*		60
60 OILATION OF URETHRA				25.00	903.80*		61
61 PROSTATECTOMY - SUPRAPUBIC	000 50+	000 50+		862.00*	903.60+		62
62 ELECTROSECTION-PROSTATE (TUR)	928.50*	928.50*		900.00	900.00		63
63 HYSTERECTOMY				32.00	30.00		64
64 INITIAL COMPLETE EYE EXAM				32.10*	32.10*		65
65 COMPREHENSIVE EYE EXAM				16 00			
66 EYE EXAM WITH TONOMETRY	460 50:	460 50.		16 00	15.00		66
67 EXTRACTION OF LENS	163.50*	163.50*		25.00	163.50*		67
68 CHEST X-RAY - SINGLE VIEW	18.20*	23.25*		25.00	19.90*		68
69 CHEST X-RAY - TWO VIEWS	21.00*	29.50		27.00	25.00		69
70 X-RAY SPINE				34.00	30.00*		70
71 X-RAY HIP	50.00	74.00		35.00	35.00		71
72 X-RAY UPPER GI TRACT	59.60*	74.00		71.00	59.60*		72
73 X-RAY COLON				77.50	71.60*		73
74 RADIATION THERAPY-LOW VOLT				24.80*	24.80*		74
75 RADIATION THERAPY-SUPER VOLT							75
76 RADIATION THERAPY-MEGAVOLT							76
77 CAT SCAN - HEAD				280.00	280.00		77
78 CAT SCAN - ABOOMEN							78
79 THREE CHEMISTRY TESTS				22.00	28.00		79
80 NINETEEN CHEMISTRY TESTS				21.00	20.00		80
81 CULTURE - OTHER THAN BLOOD				25.00	10.00		81
82 HEMOGLOBIN				3.00L	3.00L		82
83 AUTOMATEO BLOOD COUNT				6.00	6.00		83
84 WHITE CELL COUNT				2.50L	2.50L		84
85 COMPLETE BLOOD COUNT (CBC)				7 . 50L	7.50L		85
86 CHOLESTEROL TEST				7.00L	7.00L		86
87 FLOCCULATION TEST				7 00	7.00		87
88 HEMATOCRIT					2.50L		88
89 PLATELET COUNT (REES-ECKER)				6.00	8.00		89
90 POTASSIUM TEST - BLOOD				12.00	10.00		90
91 PROTHROMBIN TIME TEST				5.00L	5.00L		91
92 SEOIMENTATION RATE				4.50L	4.50L		92
93 BLOOO SUGAR				6.00L	6.00L		93
94 BUN-UREA - NITROGEN				6.00L	6.00L		94
95 URIC ACID				6.00L	6.00L		95
96 FECES-OCCULT BLOOD-SCREENING				7.00	5.00		96
97 PAP TEST				7.00L	7.00L		97
98 ROUTINE URINALYSIS				5.00L	5.00L		98
99 CHEMICAL URINALYSIS				3.00	2.00		99
100 PATHOLOGY - THREE SPECIMENS				22.00	20.00		100
101 ELEC MONITORING-PACEMAKER				30.00*	36.20*		101
102 OONOR NEPHRECTOMY-UNILATERAL				1204.20*	1204.20*		102
103 KIONEY TRANSPLANT							103
104 HOSPITAL BEO - RENTAL				50.00	50.00		104
105 WALKER - RENTAL				11.60*	11.60*		105
106 WHEELCHAIR - RENTAL				26.25L	26.25L		106
107 LIQUIO OXYGEN - RENTAL				39.40*	39.40+		107
108 HOSPITAL BEO - PURCHASE				519.75L	519.75L		108
109 WALKER - PURCHASE				51.10	51.10		109
110 WHEELCHAIR - PURCHASE				267.75	267.75		110

ARKANSAS

# **ARKANSAS**



One Locality - Statewide

PROCEOURE DESCRIPTION	SINGLE	SINGLE	
I INITIAL BRIEF OFFICE VISIT			1
2 INITIAL LIMITED OFFICE VISIT	17.50	25.00	2
3 INITIAL INTERMED OFFICE VISIT		20.00	3
4 INITIAL COMP OFFICE VISIT	30.00		4
5 MINIMAL FOLLOWUP OFFICE VISIT	3.30*	4.60*	5
6 BRIEF FOLLOWUP OFFICE VISIT	10.00*	10.00*	6
7 LIMITEO FOLLOWUP OFFICE VISIT			7
8 INTERMEDIATE F/U OFFICE VISIT	13.30*	16.60*	8
9 EXTENDED F/U OFFICE VISIT	24.90	40.00*	9
10 COMP FOLLOWUP OFFICE VISIT	20.00*	49.70	10
11 BRIEF FOLLOWUP HOME VISIT	15.00	15.00	11
12 LIMITED FOLLOWUP HOME VISIT	40.00		12
13 INTERMDIATE F/U HOME VISIT	16.60	20.00	13
14 EXTENDED CARE FACILITY VISIT	15.00	15.00	14
15 BRIEF F/U NURSING HOME VISIT 16 INITIAL BRIEF HOSPITAL VISIT	15.00	15.00	15 16
17 INIT INTERMED HOSPITAL VISIT		41.50*	17
18 INITIAL COMP HOSPITAL VISIT	41.50*	63.00*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	13.30*	13.30*	19
20 LIMITED F/U HOSPITAL VISIT	10.00	10.00	20
21 INTERMED F/U HOSPITAL VISIT	15.00	25.00	21
22 EXTENDED F/U HOSPITAL VISIT		20.00*	22
23 BRIEF EMERGENCY ROOM VISIT		16.60*	23
24 LIMITEO EMERGENCY ROOM VISIT			24
25 INTERMED EMERGENCY ROOM VISIT		16.60*	25
26 LIMITEO CONSULTATION	35.00	55.00	26
27 EXTENSIVE CONSULTATION			27
28 COMPREHENSIVE CONSULTATION		41.50*	28
29 PSYCHOTHERAPY-ONE HOUR		41.50*	29
30 PSYCHOTHERAPY-HALF HOUR		16.60*	30
31 CHIROPRACTIC OFFICE VISIT		10.00	31
32 INITIAL PHYSIOTHERAPY			32
33 F/U PODIATRIC OFFICE VISIT	20.00	22 50	33
34 ELECTROCAROIOGRAM (EKG) 35 EKG-INTERPRET AND REPORT ONLY	22.00 7.50*	23.50 8.30	34 35
36 SPIROMETRY	7.50*	30.00	36
37 ELECTROENCEPHALOGRAM (EEG)		49.70*	37
38 CHEMOTHERAPY		43.70	38
39 COLLECTION OF SPECIMENS		6.00	39
40 DEBRIDEMENT OF NAILS			40
41 SKIN BIOPSY		33.20*	41
42 CHEMOCAUTERY		30.00	42
43 RADICAL MASTECTOMY			43
44 OPEN REOUCTION OF FRACTURE		760.00	44
45 ARTHROCENTESIS-MAJOR JOINT	24.90*	35.00	45
46 CORONARY ARTERY BYPASS		3500.00	46
47 TOTAL ARTIFICIAL HIP REPLACE		1160.60*	47
48 NEEDLE PUNCTURE OF BURSA		16.60*	48
49 BRONCHOSCOPY		165.80*	49
50 THORACENTESIS		41.50*	50
51 CATHERIZATION OF HEART		800 00±	51
52 INSERTION OF PACEMAKER		829.00*	52 53
53 PARTIAL COLECTOMY 54 APPENDECTOMY		829.00* 331.60*	54
55 SIGMOIOOSCOPY		24.90*	55
55 51 GHO 100 300F 1		27.30	33

SE HEMOREMOIDECTOMY		PROCEOURE DESCRIPTION	SINGLE	SINGLE	
57 CHOLECYSTECTOMY 58 REPAIR HENNIA 31.60* 58 REPAIR HENNIA 39.1.60* 58 REPAIR HENNIA 39.1.60* 59 OILANDSTIC CYSTOURETHROSCOPY 68.00 68.00 68.00 68.00 68.00 68.00 68.00 68.00 68.00 69.00	56	HEMORRHOIDECTOMY		248.70*	56
SE REPAIR HERNIA   331.60*   58   SE OLIANDITIC CYSTURETHROSCOPY   68.00   59   SE OLIANDITIC CYSTURETHROSCOPY   68.00   59   SE OLIANTION OF URETHRA APUBIC   16.00*   60   SE OLIANTION OF URETHRA APUBIC   16.00*   60   SE VELCETORY APUBIC   704.70*   62   SE HINTIAL COMPLETE EYE EXAM   30.00   64   SE INTIAL COMPLETE EYE EXAM   30.00   66   SE OMBREHENSIVE EYE EXAM   24.90*   66   SE OMBREHENSIVE EYE EXAM   24.90*   66   SE OMBREHENSIVE EYE EXTRICTION OF LEIN   24.90*   66   SE CHEST X-RAY - SINGLE VIEW   20.00   19.90*   67   SE CHEST X-RAY - TWO VIEWS   25.00   24.90*   69   SE CHEST X-RAY - TWO VIEWS   25.00   24.90*   69   SE CHEST X-RAY - TWO VIEWS   25.00   24.90*   70   TAY X-RAY UPER GITRACT   53.75   50.00   72   TAY X-RAY COLON   50.00   72   TAY X-RAY COLON   50.00   73   TAY RACIATION HERAPY-LOW VOLT   24.00   24.00   74   TE RACIATION HERAPY-LOW VOLT   24.00   75   TE RACIATION HERAPY-SUPER VOLT   35.00   77   TE RACIATION HERAPY-SUPER VOLT   35.00   77   TE RACIATION HERAPY-SUPER VOLT   35.00   77   TE RACIATION HERAPY-SUPER VOLT   35.00   78   THESE CHEMISTRY TESTS   50.00   78   THESE CHEMISTRY TESTS   50.00   78   THE CHEMISTRY TESTS   50.00   78   THE CHEMISTRY TESTS   50.00   80   THE CHEMISTRY TESTS					
Se OLIANDSTIC CYSTOURETHROSCOPY   68.00   59.00   68.00   69.00   61.00   60.00   61.00   60.00   61.00   60.00   61.00   60.00   61.00   60.00   61.00   60.00   61.00   60.00   61.00   62.20   61.00   62.20   61.00   62.20   61.00   62.20   61.00   62.20   61.00   62.20   61.00   62.20   61.00   62.20   61.00   62.20   61.00   62.20   61.00   62.20   61.00   62.20   62					
SO   CHATION OF URETHRA   FROM   FOR   FROM   FOR			69 00		
6   PROSTATECTOMY - SUPRAPUBIC   704.70*   663.20*   61			88.00		
82 ELECTROSECTION-PROSTATE (TUR) 704.70* 62 81 HYSTERCTOMY 30.00 63 86 HYSTERCTOMY 30.00 64 86 HYSTERCTOMY 30.00 65 86 EVE EXAM STHI TONOMETRY 100.00* 65 87 EVE EXAM STHI TONOMETRY 100.00* 65 89 CHEST X-RAY - SINGLE VIEW 20.00 24.90* 65 89 CHEST X-RAY - SINGLE VIEW 100.00* 70 71 X-RAY HIP 24.90* 71 72 X-RAY UPER GITRACT 53.75 5.00 72 73 X-RAY COLON 100.00* 73 74 RAY ALTON HERAPY-LOW VOLT 24.00 72 75 RADIATION THERAPY-BUSER VOLT 24.00 75 76 RADIATION THERAPY-BUSER VOLT 25.00 77 77 CAT SCAN - HEAD 25.00 77 78 CAT SCAN - HEAD 25.00 77 78 CAT SCAN - HEAD 25.00 77 80 NINETEEN CHEMISTRY TESTS 29.50 80 80 CULTURE - OHER THAN BLOOD 81 81 CULTURE - OHER THAN BLOOD 81 81 CULTURE - OHER THAN BLOOD 81 83 HUTOMATED BLOOD COUNT (BC) 80 84 HITTE CELL COUNT 85 85 COMPLETE BLOOD COUNT (ECC) 80 87 FLOCULATION TEST 81 89 PLATELET COUNT (ECC) 85 87 FLOCULATION TEST 81 89 PLATELET COUNT (ECC) 85 87 FLOCULATION TEST 81 89 PLATELET COUNT (ECC) 85 80 HEAD SURGAR 91 80 NONLETER STEED 91 80 NONLETE					
83 HYSTERECTOMY 8497.40° 85 COMPREHENSIVE EYE EXAM 90.00 64 85 COMPREHENSIVE EYE EXAM 90.00 65 86 EYE EXAM WITH TOMMETRY 90 ENEST X-PAY OF LENGLE YIEW 90 CHEST X-PAY OF LENGLE YIEW 91 CH			504 50.		
64 INTIAL COMPLETE EYE EXAM  65 COMPREHENSIVE EYE EXAM  66 COMPREHENSIVE EYE EXAM  67 COMPREHENSIVE EYE EXAM  68 COMPREHENSIVE EYE EXAM  69 COMPREHENSIVE EYE EXEM  60 COMPREHENSIVE EYE EXEM  60 COMPREHENSIVE EXEMPLES  60 COMPREH			704.70*		
SE COMPREHENSIVE EYE EXAM					
56 EYE EXAM WITH TONOMETRY					
67 EXTRACTION OF LENS 68 CHEST X-RAY - SINGLE VIEW 20.00 19.90* 68 69 CHEST X-RAY - TWO VIEWS 25.00 24.90* 69 69 CHEST X-RAY - SINGLE VIEW 25.00 24.90* 69 67 X-RAY SPINE 42.00 70 71 X-RAY HIPP 4 24.90* 71 71 X-RAY HIPP 4 24.90* 71 71 X-RAY HIPP 5 24.90* 71 71 X-RAY HIPP 6 24.90* 71 71 X-RAY HIPP 7 24.90* 71 71 X-RAY HIPP 7 24.90* 71 71 X-RAY HIPP 7 24.90* 71 71 X-RAY HIPP 8 24.90* 71 71 X-RAY HIPP 9 24.90* 71 71 X-RAY HIPP 9 24.90* 71 72 X-RAY COLN 53.75* 75 73 X-RAY COLN 75 74 RAGIATION HERAPY-LOW YOLT 24.00 24.00 74 75 RAGIATION HERAPY-SUPER YOLT 75 76 RAGIATION HERAPY-SUPER YOLT 75 76 RAGIATION HERAPY-SUPER YOLT 75 76 RAGIATION HERAPY-SUPER YOLT 75 77 RAGIATION HERAPY-SUPER YOLT 75 78 CAT SCAN - HEAD 75 78 THREE CHEMISTRY YESTS 15.00 78 78 THREE CHEMISTRY YESTS 15.00 78 78 HERMELTER HIMM BLOOD 25 78 HEMOGLOSIN 25.00 78 78 WILLTURE - HIER HIMM BLOOD 25 78 HEMOGLOSIN 25.00 80 78 HIMMELT CELL COUNT 83 78 WHITE CELL COUNT 83 78 WHITE CELL COUNT (RECES-ECKER) 7.00L 86 78 FLOCCULATION TEST 84 79 OP OPTASSTUM TEST 84 79 OP OPTASSTUM TEST 84 70 OPTASSTUM TEST 84 71 OPTASSTUM TEST 85 71 OPTASSTUM TEST 84 72 OPTASSTUM TEST 84 73 OPTASSTUM TEST 84 74 OPTASSTUM TEST 84 75 OPT	65	COMPREHENSIVE EYE EXAM			65
BB CHEST X-RAY - TINGLE VIEW   20.00   19.90+   68   69   69   69   67   67   74   74   79   70   70   70   70   71   72   74   74   77   71   72   74   74   77   71   72   73   74   70   70   71   73   74   70   71   73   74   70   71   73   74   70   71   73   74   70   71   73   74   70   71   73   74   70   70   73   73   74   70   73   74   73   74   73   74   74   74	66	EYE EXAM WITH TONOMETRY		10.00*	66
69 CHEST X-RAY - TWO VIEWS   25.00   24.90+ 69 70 X-RAY SPINE   42.00+ 70 70 70 X-RAY HIP   24.90+ 71 72 X-RAY HIP   24.90+ 71 72 X-RAY LIPPER GI TRACT   53.75   50.00   72 73 X-RAY COLON   50.00   73 74 RAOIATION THERAPY-LOW VOLT   24.00   24.00   74 75 RAOIATION THERAPY-SUPER VOLT   24.00   74 76 RAOIATION THERAPY-WEGAVOLT   75 RAOIATION THERAPY-WEGAVOLT   75 RAOIATION THERAPY-WEGAVOLT   75 RAOIATION THERAPY-WEGAVOLT   75 RAOIATION THERAPY-SUPER VOLT   75 RAOIATION THERAPY VOLT   75 RAOIAT	67	EXTRACTION OF LENS		580.30*	67
70 X-RAY SPINE 71 X-RAY HIP 72 X-RAY UPPER GI TRACT 73 X-RAY UPPER GI TRACT 74 RAGIATION THERAPY-LOW VOLT 75 RAGIATION THERAPY-SUPER VOLT 75 RAGIATION THERAPY-SUPER VOLT 76 RAGIATION THERAPY-MEGAVOLT 77 RAGIATION THERAPY-MEGAVOLT 77 RAGIATION THERAPY-MEGAVOLT 78 ROTATION THERAPY-MEGAVOLT 79 THE CHMISTRY TESTS 70 THE CHMIST	68	CHEST X-RAY - SINGLE VIEW	20.00	19.90*	68
71 X-RAY HIP 72 X-RAY LUPER GI TRACT 73 X-RAY COLON 74 X-RAY COLON 75 RAOLATION THERAPY-LOW VOLT 74 RAOLATION THERAPY-SUPER VOLT 75 RAOLATION THERAPY-SUPER VOLT 76 RAOLATION THERAPY-WEGAVOLT 77 CAT SCAN - HEAD 77 CAT SCAN - HEAD 78 CAT SCAN - ABOMEN 79 TRREE CHEMISTRY TESTS 79 TROET CHEMISTRY TESTS 70 TRREE CHEMISTRY TESTS 71 TRREE CHEMISTRY TE	69	CHEST X-RAY - TWO VIEWS	25.00	24.90*	69
22 K-RAY UPPER GI TRACT	70	X-RAY SPINE		42.00	70
22 K-RAY UPPER GI TRACT					
73 RADY COLON 74 RADIATION THERAPY-LOW VOLT 75 RADIATION THERAPY-LOW VOLT 76 RADIATION THERAPY-LOW VOLT 77 CAT SCAN - ABOMEN 77 CAT SCAN - HEAD 78 CAT SCAN - HEAD 79 THREE CHEMISTRY TESTS 70 NINETERS CHEMISTRY TESTS 80 NINETERS CHEMISTRY TESTS 80 NINETERS CHEMISTRY TESTS 80 THE CHEMISTRY THE THE TEST 80 THE CHEMISTRY THE TEST 80 THE CHEMIST THE TEST 80 THE CHEMISTRY THE TEST 80 THE CHEMISTR			53.75		
74 RAOLATION THERAPY-LOW VOLT					
75 RADIATION THERAPY-MEGAVOLT 76 RADIATION THERAPY-MEGAVOLT 77 CAT SCAN - HEAO 77 CAT SCAN - HEAO 78 CAT SCAN - HEAO 78 CAT SCAN - HEAO 79 THREE CHEMISTRY TESTS 70 THREE CHEMISTRY TESTS 71 THREE CHEMISTRY TESTS 71 THREE CHEMISTRY TESTS 72 THREE CHEMISTRY TESTS 73 THREE CHEMISTRY TESTS 74 THREE CHEMISTRY TESTS 75 THREE C			24 00		
76 RAOIATION THERAPY-MEGAVOLT 77 CAT SCAN - HADO 77 CAT SCAN - ABOOMEN 78 THREE CHEMISTRY TESTS 78 ON INETEEN CHEMISTRY TESTS 80 NINETEEN CHEMISTRY TESTS 81 CULTURE - OTHER THAN BLOOD 82 HEMOGLOBIN 83 AUTOMATEO BLOOD COUNT 85 COMPLETE BLOOD COUNT 85 COMPLETE BLOOD COUNT 85 COMPLETE BLOOD COUNT (GBC) 86 CHOLESTEROL TEST 87 FLOCCULATION TEST 88 HEMATOCRIT 89 PLATELET COUNT (REES-ECKER) 90 POTASSIUM TEST - BLOOD 91 PROTHROMBIN TIME TEST 90 POTASSIUM TEST - BLOOD 91 PROTHROMBIN TIME TEST 92 SEDIMENTATION RATE 93 BLOOD SUGAR 94 BUN-UREA - NITROGEN 95 URIC ACIO 96 FECES-OCCULT BLOOD-SCREENING 97 PAP TEST 98 COUNTIE URINALYSIS 99 CHEMICAL URINALYSIS 90 CHATHOLOGY - THREE SPECIMENS 100 000 101 ELEC MONITORINE-PACEMAKER 102 000 103 KIONEY TRANSPLANT 104 000 105 WALKER - RENTAL 105 WHEELCHASE 106 WHEELCHASE 107 MERCET - RENTAL 108 MOSPILLA E - RENTAL 109 WALKER - RENTAL 100 000 106 MILES - RENTAL 100 000 107 LIOUID OXYGEN - RENTAL 100 000 106 MILES - PURCHASE 100 WALKER - PURCHASE 100 WALKER - PURCHASE 100 WALKER - PURCHASE			24.00		
77 CAT SCAN - HEAD  78 CAT SCAN - ABDOMEN  79 THREE CHEMISTRY TESTS  79 THREE CHEMISTRY TESTS  80 NINETERN CHEMISTRY TESTS  81 CULTURE - OTHER THAN BLOOD  81 CULTURE - OTHER THAN BLOOD  81 CULTURE - OTHER THAN BLOOD  82 HEMOGLOBIN  83 AUTOMATED BLOOD COUNT  84 WHITE CELL COUNT  85 COMPLETE BLOOD COUNT (CBC)  86 CHOLE STREND TESTS  87 FLOCCULATION TEST  87 FLOCCULATION TEST  88 HEMATCORIT  89 PLATELET COUNT (REES-ECKER)  80 PLATELET COUNT (REES-ECKER)  80 PLATELET COUNT (REES-ECKER)  81 FOR THAN BLOOD  82 SEDIMENTATION RATE  83 BLOOD SUGAR  84 WHITE COUNT (REES-ECKER)  85 REMATCORIT  86 CHOLE STREND TEST  87 FLOCCULATION TEST  87 FLOCCULATION TEST  88 HEMATCORIT  89 PLATELET COUNT (REES-ECKER)  80 PLATELET COUNT (REES-ECKER)  80 PLATELET COUNT (REES-ECKER)  80 POTASSIUM TEST - BLOOD  91 PROTHROMBIN TIME TEST  92 SEDIMENTATION RATE  93 BLOOD SUGAR  94 BUN-UREA - NITROGEN  95 URIC ACIO  96 FECES-OCCULT BLOOD-SCREENING  96 FECES-OCCULT BLOOD-SCREENING  97 FAP TEST  98 COUTINE URINALYSIS  99 CHEMICAL URINALYSIS  90 CHANGLAL URINALYSIS  90 CONDON NEPHRECTOMY-UNILATERAL  100 ONDON NEPHRECTOMY-UNILATERAL  101 OLD ONDON NEPHRECTOMY-UNILATERAL  102 ONDON NEPHRECTOMY-UNILATERAL  103 KLONEY TRANSPLANT  104 HOSPITAL BEO - RENTAL  105 WALKER - RENTAL  106 WHEELCHAIR - RENTAL  107 LIQUID OXYGEN - RENTAL  107 LIQUID OXYGEN - RENTAL  108 HOSPITAL BEO - PURCHASE  109 WALKER - PURCHASE				33.00	
78 CAT SCAN - ABOOMEN 79 THREE CHEMISTRY TESTS 80 NINETEEN COORD 81 CULTURE - OTHER THAN BLOOD 81 SCOORD 82 SEARCH 83 COUNT COORD 84 WHITE CELL COUNT 83 AUTOMATEO BLOOD COUNT 84 WHITE CELL COUNT 85 COMPLETE BLOOD COUNT (CBC) 86 CHOLESTREND TEST 87 FLOCCULATION TEST 87 FLOCCULATION TEST 88 HEMATOCRIT 3, OOL 88 88 PLATELET COUNT (REES-ECKER) 7, 100 89 90 POTASSIUM TEST, BLOOD 91 PROTHROMBIN TIME TEST 90 POTASSIUM TEST, BLOOD 91 PROTHROMBIN TIME TEST 91 GEORGE 92 SEQUIMENTATION RATE 93 BLOOD SUGAR 94 BUN-UREA - NITROGEN 95 FECES-OCCULT BLOOD-SCREENING 95 FECES-OCCULT BLOOD-SCREENING 96 FECES-OCCULT BLOOD-SCREENING 97 PAP TEST 98 ROUTINE URINALYSIS 99 CHEMICAL URINALYSIS 99 CHEMICAL URINALYSIS 99 CHEMICAL URINALYSIS 99 CHEMICAL URINALYSIS 90 CHEMICAL URINALYSIS 90 CHEMICAL URINALYSIS 90 CHEMICAL URINALYSIS 91 CHEMICAL URINALYSIS 90 CHEMICAL URINALYSIS 91 CHEMICAL URINALYSIS 91 CHEMICAL URINALYSIS 92 CHEMICAL URINALYSIS 93 ROUTINE URINALYSIS 94 CHEMICAL URINALYSIS 95 CHEMICAL URINALYSIS 96 CHEMICAL URINALYSIS 97 CHEMICAL URINALYSIS 98 ROUTINE URINALYSIS 99 CHEMICAL URINALYSIS 99 CHEMICAL URINALYSIS 90 CHEMICAL URINALYSIS 90 CHEMICAL URINALYSIS 90 CHEMICAL URINALYSIS 90 CHEMICAL URINALYSIS 91				. 252.00	
79 THREE CHEMISTRY TESTS 80 NINETEEN CHEMISTRY TESTS 80 NINETEEN CHEMISTRY TESTS 80 NINETEEN CHEMISTRY TESTS 81 CULTURE - OTHER THAN BLOOD 81 CULTURE - OTHER THAN BLOOD 82 HEMOGLOBIN 83 AUTOMATEO BLOOD COUNT 84 WHITE CELL COUNT 85 COMPLETE BLOOD COUNT (CBC) 86 CHOLESTEROL TEST 87 FLOCCULATION TEST 88 HEMATOCRIT 89 PLATELET COUNT (REES-ECKER) 89 POTASSIUM TEST - BLOOD 90 POTASSIUM TEST - BLOOD 91 PROTHROMBIN TIME TEST 90 POTASSIUM TEST 91 REST - BLOOD 92 SEDIMENTATION RATE 93 BLOOD SUGAR 94 BUN-UREA - NITROGEN 95 FECES-OCCULT BLOOD-SCREENING 95 FECES-OCCULT BLOOD-SCREENING 96 FECES-OCCULT BLOOD-SCREENING 97 APP TEST 98 ROUTINE URINALYSIS 99 CHEMICAL URINALYSIS 99 CHEMICAL URINALYSIS 99 CHEMICAL URINALYSIS 90 CHEMICAL URINALYSIS 90 CHEMICAL URINALYSIS 90 CHEMICAL URINALYSIS 90 CHEMICAL URINALYSIS 910 CHEMICAL URI					
80 NINETEEN CHEMISTRY TESTS 81 CULTURE - OTHER THAN BLOOD 82 O.00 81 CULTURE - OTHER THAN BLOOD 82 CO.00 83 AUTOMATEO BLOOD COUNT 83 AUTOMATEO BLOOD COUNT 84 WHITE CELL COUNT 85 COMPLETE BLOOD COUNT (CBC) 86 CHOLESTEROL TEST 7. OOL 86 CHOLESTEROL TEST 7. OOL 87 FLOCCULATION TEST 87 NB HEMATICRIT 89 PLATELET COUNT (REES-ECKER) 7. 10 89 PLATELET COUNT (REES-ECKER) 7. 10 89 PO POTASSIUM TEST - BLOOD 91 PROTHROMBIN TIME TEST 80 COUNT (REES-ECKER) 91 BLOOD SUGAR 92 SEGIMENTATION RATE 93 BLOOD SUGAR 94 BUN-UREA - NITROGEN 95 GEGES-OCCULT BLOOD-SCREENING 96 FECES-OCCULT BLOOD-SCREENING 97 PAP TEST 98 ROUTINE URINALYSIS 99 CHEMICAL URINALYSIS 90 CHEMICAL URINALYSIS 91 CHEMICAL URINALYSIS 90 CHEMICAL URINALYSIS 91 CHEMICAL URINALYSIS					
81 CULTURE - OTHER THAN BLOOO 81 MEMOGLOBIN 3 OOL 82 HEMOGLOBIN 3 OOL 83 AUTOMATEO BLOOO COUNT 83 AUTOMATEO BLOOO COUNT 84 WHITE CELL COUNT 85 COMPLETE BLOOO COUNT (CBC) 86 CHOLESTEROL TEST 87 FLOCCULATION TEST 88 HEMATOCRIT 89 PLATELET COUNT (REES-ECKER) 89 POTASSIUM TEST - BLOOO 90 POTASSIUM TEST - BLOOO 91 PROTHROMBIN TIME TEST 90 POTASSIUM TEST - BLOOO 91 PROTHROMBIN TIME TEST 92 SEDIMENTATION RATE 93 BLOOO SUGAR 94 BUN-UREA - NITROGEN 95 URIC ACIO 96 FECES-OCCULT BLOOO-SCREENING 97 PAP TEST 98 ROUTINE URINALYSIS 99 CHEMICAL URINALYSIS 99 CHEMICAL URINALYSIS 99 CHEMICAL URINALYSIS 99 CHEMICAL URINALYSIS 90 CHEMICAL URINALYSIS 90 SEDIMENTATION RATE 91 CHEMICAL URINALYSIS 91 ROUTINE URINALYSIS 91 CHEMICAL URINALYSIS 91 ROUTINE URINALYSIS 91 CHEMICAL URINALYSIS 91 ROUTINE URINALYSIS 92 CHEMICAL URINALYSIS 93 ROUTINE URINALYSIS 94 CHEMICAL URINALYSIS 95 CHEMICAL URINALYSIS 96 CHEMICAL URINALYSIS 97 CHEMICAL URINALYSIS 98 ROUTINE URINALYSIS 99 CHEMICAL URINALYSIS 99 CHEMICAL URINALYSIS 90 CHEMICAL URINALYSIS 90 CHEMICAL URINALYSIS 91 CHEMICAL URINALYSIS 91 CHEMICAL URINALYSIS 92 CHEMICAL URINALYSIS 93 CHEMICAL URINALYSIS 94 CHEMICAL URINALYSIS 95 CHEMICAL URINALYSIS 96 CHEMICAL URINALYSIS 97 CHEMICAL URINALYSIS 98 ROUTINE URINALYSIS 99 CHEMICAL URINALYSIS 99 CHEMICAL URINALYSIS 99 CHEMICAL URINALYSIS 90 CHEMICAL URINALYSIS 91					
REMONSCUEIN   S.   S.   S.   S.   S.   S.   S.   S					
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84 WHITE CELL COUNT       3.00L       84         85 COMPLETE BLOOD COUNT (CBC)       8.00L       85         86 CHOLESTEROL TEST       7.00L       86         87 FLOCCULATION TEST       87         88 HEMMITCERIT       3.00L       88         89 PLATELET COUNT (REES-ECKER)       7.10       89         90 POTASSIUM TEST - BLOOD       8.00       90         91 PROTHROMBIN TIME TEST       6.00L       91         92 SEDIMENTATION RATE       4.10L       92         93 BLOOD SUGAR       6.00L       93         94 BUN-UREA - NITROGEN       6.00L       94         95 URIC ACIO       7.00L       95         96 FECES-OCCULT BLOOD-SCREENING       5.00       96         97 PAP TEST       7.00L       97         98 ROUTINE URINALYSIS       4.00L       98         90 CHEMICAL URINALYSIS       3.00       99         100 PATHOLOGY - THREE SPECIMENS       100       101         101 ELEC MONITORING-PACEMAKER       32.00       101         102 ONORN NEPHRECTOMY-UNILLATERAL       829.00*       102         103 KIONEY TRANSPLANT       1326.40*       103         104 HOSPITAL BEO - RENTAL       10.00       106         105 W	82	HEMOGLOBIN		3.00L	82
85 COMPLETE BLOOD COUNT (CBC) 86 CHOLESTEROL TEST 87 FLOCCULATION TEST 88 HEMATOCRIT 89 PLATELET COUNT (REES-ECKER) 90 POTASSIUM TEST - BLOOD 91 PROTHROMBIN TIME TEST 91 PROTHROMBIN TIME TEST 92 SEGIMENTATION RATE 93 BLOOD SUGAR 94 BUN-UREA - NITROGEN 95 URIC ACIO 97 PAP TEST 98 ROUTINE URINALYSIS 99 CHEMICAL URINALYSIS 99 CHEMICAL URINALYSIS 90 CHEMICAL URINALYSIS 91 CONDR NEPHRECTOMY-UNILATERAL 91 CONDR NEPHRECTOMY-UNILATERAL 92 ONOR NEPHRECTOMY-UNILATERAL 93 KIONEY TRANSPLANT 94 CHEMICAL URINALYSIS 95 CHEMICAL URINALYSIS 96 FECE MONITORING-PACE MAKER 97 CHEMICAL URINALYSIS 98 CHEMICAL URINALYSIS 99 CHEMICAL URINALYSIS 90 CHEMICAL URINALYSIS 90 CHEMICAL URINALYSIS 91 CONDR NEPHRECTOMY-UNILATERAL 91 CONDR NEPHRECTOMY-UNILATERAL 92 CONOR NEPHRECTOMY-UNILATERAL 93 CONOR NEPHRECTOMY-UNILATERAL 94 CONOR NEPHRECTOMY-UNILATERAL 95 CONOR NEPHRECTOMY-UNILATERAL 96 CONOR NEPHRECTOMY-UNILATERAL 97 CONOR NEPHRECTOMY-UNILATERAL 98 CONOR NEPHRECTOMY-UNILATERAL 99 CONOR NEPHRECTOMY-UNILAT	83	AUTOMATEO BLOOD COUNT			83
86 CHOLESTEROL TEST FLOCCULATION TEST 87 FLOCCULATION TEST 88 HEMATOCRIT 88 HEMATOCRIT 89 PLATELET COUNT (REES-ECKER) 90 POTASSIUM TEST - BLOOO 91 PROTHROMBIN TIME TEST 90 POTASSIUM TEST - BLOOO 91 PROTHROMBIN TIME TEST 91 PROTHROMBIN TIME TEST 92 SEQIMENTATION RATE 93 BLOOO SUGAR 94 BUN-UREA - NITROGEN 95 URIC ACIO 96 FECES-OCCULT BLOOO-SCREENING 97 PAP TEST 98 ROUTINE URINALYSIS 99 CHEMICAL URINALYSIS 99 CHEMICAL URINALYSIS 99 CHEMICAL URINALYSIS 99 CHEMICAL URINALYSIS 90 CHEMICAL URINALYSIS 910 PATHOLOGY - THREE SPECIMENS 100 LECE MONITORING-PACEMAKER 101 ELEC MONITORING-PACEMAKER 102 CONGR NEPHRECTOMY-UNILATERAL 103 KIONEY TRANSPLANT 104 HOSPITAL BEO - RENTAL 105 WALKER - RENTAL 106 WHEELCHAIR - RENTAL 107 WALKER - RENTAL 108 HOSPITAL BEO - PURCHASE 109 WALKER - PURCHASE 109 WALKER - PURCHASE 109 WALKER - PURCHASE	84	WHITE CELL COUNT		3.00L	84
87   FLOCCULATION TEST   88   HEMATOCRIT   3   3   00   88   88   88   MEMATOCRIT   3   3   00   88   88   89   PLATELET COUNT (REES-ECKER)   7   10   89   90   90   7   7   10   89   90   90   7   7   10   89   90   90   90   90   90   90   9	85	COMPLETE BLOOD COUNT (CBC)		8.00L	85
87   FLOCCULATION TEST	86	CHOLESTEROL TEST		7.00L	86
88 HEMATOCRIT       3.00L       88         89 PLATELET COUNT (REES-ECKER)       7.10       89         90 POTASSIUM TEST - BLO00       8.00       90         91 PROTHROMBIN TIME TEST       6.00L       91         92 SEDIMENTATION RATE       4.10L       92         93 BLOOD SUGAR       6.00L       93         94 BUN-UREA - NITRGEN       6.00L       94         95 URIC ACIO       7.00L       95         96 FECES-OCCULT BLO00-SCREENING       5.00       96         97 PAP TEST       7.00L       97         98 ROUTINE URINALYSIS       3.00       99         99 CHEMICAL URINALYSIS       3.00       99         100 PATHOLOGY - THREE SPECIMENS       32.00       101         102 ONDR NEPHRECTOMY-UNILATERAL       829.00*       102         103 KIONEY TRANSPLANT       39.00L       104         105 WALKER - RENTAL       39.00L       104         105 WALKER - RENTAL       10.00       105         106 WHEELCHAIR - RENTAL       10.00       105         107 LIQUIO OXYGEN - RENTAL       25.00L       107         108 HOSPITAL BEO - PURCHASE       108       108         109 WALKER - PURCHASE       257.50L       109 <td>87</td> <td>FLOCCULATION TEST</td> <td></td> <td></td> <td>87</td>	87	FLOCCULATION TEST			87
89 PLATELET COUNT (REES-ECKER)       7.10       89         90 POTASSIUM TEST - BLOOD       8.00       90         91 PROTHROMBIN TIME TEST       6.00L       91         92 SECIMENTATION RATE       4.10L       92         93 BLOOD SUGAR       6.00L       93         94 BUN-UREA - NITROGEN       6.00L       93         95 URIC ACIO       7.00L       95         96 FECES-OCCULT BLOOD-SCREENING       7.00L       95         97 PAP TEST       7.00L       97         98 ROUTINE URINALYSIS       4.00L       98         90 CHEMICAL URINALYSIS       3.00       99         100 PATHOLOGY - THREE SPECIMENS       32.00       101         101 ELEC MONITORING-PACEMAKER       32.00       101         102 ONDR NEPHRECTOMY-UNILATERAL       829.00*       102         103 KIONEY TRANSPLANT       39.00L       104         105 WALKER - RENTAL       39.00L       104         105 WALKER - RENTAL       10.00       105         106 WHEELCHAIR - RENTAL       10.00       106         107 LIQUIO QXYGEN - RENTAL       25.00L       107         108 HOSPITAL BEO - PURCHASE       25.00L       107         109 WALKER - PURCHASE       257.50L       109<				3.00L	
90 POTASSIUM TEST - BLOOO 90 91 PROTHROMBIN TIME TEST 6.00L 91 92 SEDIMENTATION RATE 4.10L 92 93 BLOOD SUGAR 6.00L 93 94 BUN-UREA - NITROGEN 6.00L 93 95 URIC ACIO 7.00L 95 96 FECES-OCCULT BLOOD-SCREENING 5.00 96 97 PAP TEST 7.00L 97 98 ROUTINE URINALYSIS 7.00L 97 98 ROUTINE URINALYSIS 7.00L 98 99 CHEMICAL URINALYSIS 7.00L 98 99 CHEMICAL URINALYSIS 7.00L 98 100 PATHOLOGY - THREE SPECIMENS 7.00L 98 101 ELEC MONITORING-PACEMAKER 7.00L 99 102 ODNOR NEPHRECTOMY-UNILATERAL 829.00* 101 103 KIONEY TRANSPLANT 1326.40* 103 104 HOSPITAL BEO - RENTAL 17.00 105 105 WALKER - RENTAL 17.00 105 106 WHEELCHAIR - RENTAL 17.00 105 107 LIQUIO OXYGEN - RENTAL 17.00 105 108 HOSPITAL BEO - PURCHASE 109 109 WALKER - PURCHASE 257.50L 109					
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92 SEOIMENTATION RATE 93 BLOOD SUGAR 94 BUN-UREA - NITROGEN 95 URIC ACIO 96 FECES-OCCULT BLOOD-SCREENING 97 PAP TEST 98 ROUTINE URINALYSIS 99 CHEMICAL URINALYSIS 99 CHEMICAL URINALYSIS 90 OP PATHOLOGY - THREE SPECIMENS 100 PATHOLOGY - THREE SPECIMENS 101 ELEC MONITORING-PACEMAKER 102 ODNOR NEPHRECTOMY-UNILATERAL 103 KIONEY TRANSPLANT 104 HOSPITAL BEO - RENTAL 105 WALKER - RENTAL 106 WHEELCHAIR - RENTAL 107 LIQUIO DXYGEN - RENTAL 108 HOSPITAL BEO - PURCHASE 109 WALKER - PURCHASE					
93 BLOOD SUGAR 94 BUN-UREA - NITROGEN 95 URIC ACIO 95 FECES-OCCULT BLOOD-SCREENING 96 FECES-OCCULT BLOOD-SCREENING 97 PAP TEST 98 ROUTINE URINALYSIS 99 CHEMICAL URINALYSIS 90 CHEMICAL URINALYSIS 90 CHEMICAL URINALYSIS 90 CHEMICAL URINALYSIS 90 CHEMICAL URINALYSIS 9100 PATHOLOGY - THREE SPECIMENS 100 PATHOLOGY - THREE SPECIMENS 101 ELEC MONITORING-PACEMAKER 102 ONORR NEPHRECTOMY-UNILATERAL 103 KIONEY TRANSPLANT 104 HOSPITAL BEO - RENTAL 105 WALKER - RENTAL 106 WHEELCHAIR - RENTAL 107 LIQUIO OXYGEN - RENTAL 108 HOSPITAL BEO - PURCHASE 109 WALKER - PURCHASE 109 WALKER - PURCHASE					
94 BUN-UREA - NITROGEN 95 URIC ACIO 96 FECES-OCCULT BLOOO-SCREENING 97 PAP TEST 98 ROUTINE URINALYSIS 99 CHEMICAL URINALYSIS 99 CHEMICAL URINALYSIS 99 CHEMICAL URINALYSIS 90 CHEMICAL					
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96 FECES-OCCULT BLOOD-SCREENING 97 PAP TEST 7.00L 97 98 ROUTINE URINALYSIS 99 CHEMICAL URINALYSIS 100 PATHOLOGY - THREE SPECIMENS 101 ELEC MONITORING-PACEMAKER 102 OUNDR NEPHRECTOMY-UNILATERAL 103 KIONEY TRANSPLANT 104 HOSPITAL BEO - RENTAL 105 WALKER - RENTAL 106 WHEELCHAIR - RENTAL 107 UIQUIO OXYGEN - RENTAL 108 HOSPITAL BEO - PURCHASE 109 WALKER - PURCHASE 109 WALKER - PURCHASE 109					
97 PAP TEST 98 ROUTINE URINALYSIS 99 CHEMICAL URINALYSIS 99 CHEMICAL URINALYSIS 100 PATHOLOGY - THREE SPECIMENS 101 ELEC MONITORING-PACEMAKER 102 ODNOR NEPHRECTOMY-UNILATERAL 103 KIONEY TRANSPLANT 104 HOSPITAL BEO - RENTAL 105 WALKER - RENTAL 106 WHEELCHAIR - RENTAL 107 LIQUIO OXYGEN - RENTAL 108 HOSPITAL BEO - PURCHASE 109 WALKER - PURCHASE 100					
98 ROUTINE URINALYSIS 99 CHEMICAL URINALYSIS 3.00 99 100 PATHOLOGY - THREE SPECIMENS 101 ELEC MONITORING-PACEMAKER 102 OONOR NEPHRECTOMY-UNILATERAL 103 KIONEY TRANSPLANT 104 HOSPITAL BEO - RENTAL 105 WALKER - RENTAL 106 WHEELCHAIR - RENTAL 107 LIQUIO OXYGEN - RENTAL 108 HOSPITAL BEO - PURCHASE 109 WALKER - PURCHASE 100 99 3.00 101 101 102 103 104 105 106 107 107 108 108 109 109					
99 CHEMICAL URINALYSIS 100 PATHOLOGY - THREE SPECIMENS 101 ELEC MONITORING-PACEMAKER 102 OONOR NEPHRECTOMY-UNILATERAL 103 KIONEY TRANSPLANT 104 HOSPITAL BEO - RENTAL 105 WALKER - RENTAL 106 WHEELCHAIR - RENTAL 107 LIQUIO OXYGEN - RENTAL 108 HOSPITAL BEO - PURCHASE 109 WALKER - PURCHASE 109 WALKER - PURCHASE 109 WALKER - PURCHASE 109 WALKER - PURCHASE 100 ST. SOO 1					
100   PATHOLOGY - THREE SPECIMENS   100   101   101   102   102   103   102   103   103   104   105					
101 ELEC MONITORING-PACEMAKER  102 00NOR NEPHRECTOMY-UNILATERAL  103 KIONEY TRANSPLANT  104 HOSPITAL BEO - RENTAL  105 WALKER - RENTAL  106 WHEELCHAIR - RENTAL  107 LIQUIO OXYGEN - RENTAL  108 HOSPITAL BEO - PURCHASE  109 WALKER - PURCHASE  109 WALKER - PURCHASE  101 101 102 102 102 102 102 102 102 102				3.00	
102 00NOR NEPHRECTOMY-UNILATERAL 103 KIONEY TRANSPLANT 104 HOSPITAL BEO - RENTAL 105 WALKER - RENTAL 106 WHEELCHAIR - RENTAL 107 LIQUIO OXYGEN - RENTAL 108 HOSPITAL BEO - PURCHASE 109 WALKER - PURCHASE 109 WALKER - PURCHASE 100 NOR NEPHRECTOMY-UNILATERAL 11326.40* 11326.40* 1104 1105 1106.40* 1106.40* 1107 1108 1108 1109 WALKER - RENTAL 1109 WALKER - PURCHASE 1109 WALKER - PURCHASE 1109 NOR NEPHRECTOMY-UNILATERAL 1109 NOR NEPHRECTOMY-UNILATERAL 1109 NOR NEPHRECTOMY-UNILATERAL 1100 NOR NEPHRECTOMY-UNILATER					
103 KIONEY TRANSPLANT       1326.40*       103         104 HOSPITAL BEO - RENTAL       39.00L       104         105 WALKER - RENTAL       17.00       105         106 WHEELCHAIR - RENTAL       10.00       106         107 LIQUIO OXYGEN - RENTAL       25.00L       107         108 HOSPITAL BEO - PURCHASE       108         109 WALKER - PURCHASE       257.50L       109					
104 HOSPITAL BEO - RENTAL       39.00L       104         105 WALKER - RENTAL       17.00       105         106 WHEELCHAIR - RENTAL       10.00       106         107 LIQUIO OXYGEN - RENTAL       25.00L       107         108 HOSPITAL BEO - PURCHASE       108         109 WALKER - PURCHASE       257.50L       109					
105 WALKER - RENTAL       17.00       105         106 WHEELCHAIR - RENTAL       10.00       106         107 LIQUIO OXYGEN - RENTAL       25.00L       107         108 HOSPITAL BEO - PURCHASE       108         109 WALKER - PURCHASE       257.50L       109					
106 WHEELCHAIR - RENTAL       10.00       106         107 LIQUIO OXYGEN - RENTAL       25.00L       107         108 HOSPITAL BEO - PURCHASE       108         109 WALKER - PURCHASE       257.50L       109	104	HOSPITAL BEO - RENTAL		39.00L	104
107 LIQUIO 0XYGEN - RENTAL       25.00L       107         108 HOSPITAL BEO - PURCHASE       108         109 WALKER - PURCHASE       257.50L       109	105	WALKER - RENTAL		17.00	105
108 HOSPITAL BEO - PURCHASE       108         109 WALKER - PURCHASE       257.50L       109	106	WHEELCHAIR - RENTAL		10.00	106
108 HOSPITAL BEO - PURCHASE       108         109 WALKER - PURCHASE       257.50L       109	107	LIQUIO OXYGEN - RENTAL		25.00L	107
109 WALKER - PURCHASE 257.50L 109	108	HOSPITAL BEO - PURCHASE			108
				257.50L	

CALIFORNIA



	LOCALITY	DESIGNATION	FOR GENERAL	. PRACTICE	LOCALI	TY DESIGNAT	ION FOR SPE	ECIALIST	
PROCEOURE DESCRIPTION	PSR0-01	PSR0-02	PSR0-03	PSR0-04	PSR0-01	PSR0-02	PSR0-03	PSR0-04	
1 INITIAL BRIEF OFFICE VISIT					24.87*		24.87*	24.87*	1
2 INITIAL LIMITED OFFICE VISIT	33.00	30.00	28.00	30.00	33.00	30.00	34.00	35.00	2
3 INITIAL INTERMED OFFICE VISIT					50.00	50.00	49.74*	57.50	3
4 INITIAL COMP OFFICE VISIT	74.61*	65.00	74.61*	74.61*	75.00	74.61*	79.58*	75.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT	11.50	9.95*	11.00	9.95*	10.00	8.00	11.00	9.95*	5
6 BRIEF FOLLOWUP OFFICE VISIT	13.26*	13.26*	16.00	13.26*	14.92*	13.26*	16.58*	14.92*	6
7 LIMITEO FOLLOWUP OFFICE VISIT	19.90*	17.00	16.58*	18.00	19.90*	19.90*	19.90*	19.90*	7
8 INTERMEDIATE F/U OFFICE VISIT	24.87*	20.00	22.00	21.00	20.00	20.00	24.87*	22.00	8
9 EXTENDED F/U OFFICE VISIT	34.82*	30.00	30.00	35.00	36.00	35.00	41.45*	30.00	9
10 COMP FOLLOWUP OFFICE VISIT	53.06*	54.00	49.74*	56.00	58.03*	60.00	58.03*	50.00	10
11 BRIEF FOLLOWUP HOME VISIT	24.87*	24.87*	25.00	24.87*	28.35*	21.69*	29.51*	29.51*	11
12 LIMITEO FOLLOWUP HOME VISIT	24.07	24.01	20.00	24.07	29.20	29.51*	32.54*	29.51*	12
13 INTERMOIATE F/U HOME VISIT	29.02*	25.00*	27.00	34.82*	33.16*	33.16*	33.16*	33.16*	13
14 EXTENDED CARE FACILITY VISIT	25.02	20.00	27.00	04.02	22.22*	16.58*	25.00	19.07*	14
15 BRIEF F/U NURSING HOME VISIT	22.38*	22.38*	24.87*	18.00	22.88*	19.07*	25.37*	19.07*	15
16 INITIAL BRIEF HOSPITAL VISIT	41.45*	40.00	41.45*	50.00	41.45*	40.00	41.45*	42.00	16
17 INIT INTERMEO HOSPITAL VISIT	71.70	40.00	41.45	30.00	58.03*	60.00	66.32*	58.03*	17
18 INITIAL COMP HOSPITAL VISIT	74.61*	69.64*	80.00	69.64*	90.00	77.00	82.90*	80.00	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	16.58*	16.58*	19.90*	16.58*	16.58*	16.00	18.00	15.00	19
20 LIMITEO F/U HOSPITAL VISIT	25.00	22.00	21.55*	23.00	23.40	25.00	24.87*	25.00	20
21 INTERMED F/U HOSPITAL VISIT	25.00	24.87*	24.87*	25.00*	30.00	24.87*	28.19*	25.00*	21
22 EXTENDED F/U HOSPITAL VISIT	23.00	24.01-	24.07	23.00	40.00	40.00	55.00	30.00*	22
23 BRIEF EMERGENCY ROOM VISIT					31.83*	25.37*	26.00	26.00	23
24 LIMITEO EMERGENCY ROOM VISIT					38.13*	30.00	38.13*	31.83*	23
					52.00	45.00	65.00	57.50	25
25 INTERMEO EMERGENCY ROOM VISIT	40.00	44 45 *	44 45 *	40.00					
26 LIMITEO CONSULTATION	40.00	41.45*	41.45*	40.00	44.00	41.45*	52.50	49.00	26
27 EXTENSIVE CONSULTATION					80.00	65.00	66.32*	65.00	27
28 COMPREHENSIVE CONSULTATION					95.00	85.00	99.48*	82.90*	28
29 PSYCHOTHERAPY-ONE HOUR					55.00	45.00	55.00	60.00*	29
30 PSYCHOTHERAPY-HALF HOUR					28.00	33.16*	33.16*	30.00*	30
31 CHIROPRACTIC OFFICE VISIT					12.44*	12.44*	16.17*	12.44*	31
32 INITIAL PHYSIOTHERAPY					16.53*	19.73*	22.00*	17.62*	32
33 F/U PODIATRIC OFFICE VISIT	04.00.	22.00	0.4.00	04.00		04.00	00.464	00.00	33
34 ELECTROCAROIOGRAM (EKG)	34.82*	32.00	31.00	34.00	30.00	34.00	33.16*	30.00	34
35 EKG-INTERPRET AND REPORT ONLY	20.00	20.00	18.65*	19.90*	18.00	15.00	15.00*	19.90*	35
36 SPIROMETRY					24.87*	24.87*	28.00	24.87*	36
37 ELECTROENCEPHALOGRAM (EEG)					82.90*	82.90*	82.90*	82.90*	37
38 CHEMOTHERAPY					2 22				38
39 COLLECTION OF SPECIMENS					3.00	3.00	3.00	3.00	39
40 DEBRIDEMENT OF NAILS					25.00	25.00	25.00	25.00	40
41 SKIN BIOPSY					41.45*	44.00	44.00	41.45*	41
42 CHEMOCAUTERY					7.50	7.50	7.50	7.50	42
43 RADICAL MASTECTOMY					812.42	795.84	829.00*	850.22*	43
44 OPEN REDUCTION OF FRACTURE					1069.41*	1093.78*	1203.21*	1106.88*	44
45 ARTHROCENTESIS-MAJOR JOINT	29.84*	28.00	25.00	28.68*	27.50	24.00	29.84*	29.84*	45
46 CORONARY ARTERY BYPASS					3950.00	3950.00	3950.00	3950.00	46
47 TOTAL ARTIFICIAL HIP REPLACE					2652.80	2470.00	2652.80*	2600.00	47
48 NEEOLE PUNCTURE OF BURSA					24.21*	19.40*	24.21*	22.38*	48
49 BRONCHOSCOPY					179.06*	198.96*	211.40*	248.70*	49
50 THORACENTESIS					35.81*	39.79*	41.45*	39.79*	50
51 CATHERIZATION OF HEART					522.27*	522.27*	522.27*	522.27*	51
52 INSERTION OF PACEMAKER					1100.00	1100.00	1100.00	1100.00	52
53 PARTIAL COLECTOMY					968.27*	1033.60*	1089.31*	1002.10*	53
54 APPENDECTOMY	464.24*	472.53*	472.53*	472.53*	472.53*	472.53*	551.29*	522.27*	54
55 SIGMOIOOSCOPY					32.66*	36.31*	36.31*	36.31*	55

1981 PREVAILING CHARGE SUMMA		CALIFORNIA ( DESIGNATIO				LIFORNIA ITY OESIGNA	TION FOR SP	ECIALIST	
PROCEOURE DESCRIPTION	PSRO-01	PSR0-02	PSRO-03	PSR0-04	PSR0-01	PSR0-02	PSR0-03	PSR0-04	
56 HEMORRHOIDECTOMY					348.18*	348.18*	447.66*	373.05*	5
57 CHOLECYSTECTOMY					746.10*	793.35*	902.00	795.84*	5
58 REPAIR HERNIA					497.40*	497.40*	522.27*	560.00	5
59 DIAGNOSTIC CYSTOURETHROSCOPY	60.60*	70.51*	66.00	64.00	55.21*	58.50	55.00	57.70*	5
60 DILATION OF URETHRA					27.00	25.00	26.53*	25.00	6
61 PROSTATECTOMY - SUPRAPUBIC					928.48*	994.80*	1061.12*	1061.12* *	6
62 ELECTROSECTION-PROSTATE (TUR)	1079.77*	1123.84*	1267.08*	1140.37*	994.80*	1061.12*	1160.60*	994.80*	6
63 HYSTERECTOMY					911.90*	895.32*	1044.54*	911.90*	6
64 INITIAL COMPLETE EYE EXAM					45.00	32.50	41.45*	40.00	6
65 COMPREHENSIVE EYE EXAM					40.00	33.16*	39.79*	33.16*	6
66 EYE EXAM WITH TONOMETRY					16.58*	14.09*	18.50	14.92*	6
67 EXTRACTION OF LENS	1200.00	909.00*	991.63*	991.63*	1026.63*	872.61*	962.47*	846.91*	6
68 CHEST X-RAY - SINGLE VIEW	24.87*	24.00	22.00	22.00	24.87*	24.00	24.00	24.00	6
69 CHEST X-RAY - TWO VIEWS	34.82*	30.00	29.84*	32.00	33.16*	33.16*	33.16*	33.16*	6
70 X-RAY SPINE					66.32*	64.66*	62.18*	71.29*	7
71 X-RAY HIP					39.79*	34.82*	38.00	38.13*	7
72 X-RAY UPPER GI TRACT	75.00	72.72*	75.00	75.00	71.00	69.64*	71.00	71.00	7
73 X-RAY COLON					66.32*	59.69*	69.64*	65.49*	7
74 RADIATION THERAPY-LOW VOLT	31.25	31.25	31.25	31.25	28.85*	28.85*	28.85*	28.85*	7
75 RADIATION THERAPY-SUPER VOLT	44.07*	44.07*	44.07*	44.07*	33.16*	33.16*	33.16*	33.16*	7
76 RADIATION THERAPY-MEGAVOLT	44.07	14.07		* * * * * * * * * * * * * * * * * * * *	00.10	55115	00.10	300	7
77 CAT SCAN - HEAD					236.27	235.90	238.07*	238.42	7
78 CAT SCAN - ABOOMEN					314.72	314.22	317.13*	317.59	7
79 THREE CHEMISTRY TESTS					18.00	18.00	18.00	16.70	7
80 NINETEEN CHEMISTRY TESTS					30.00	28.00	25.00	27.00	8
81 CULTURE - OTHER THAN BLOOD					10.00	8.00	10.00	9.00	8
82 HEMOGLOBIN					6.50	5.00	4.00	3.40	8
83 AUTOMATEO BLOOD COUNT					6.70	6.70	6.70	6.70	8
84 WHITE CELL COUNT					4.00	4.00	4.00	3.40	8
85 COMPLETE BLOOD COUNT (CBC)									8
					10.00 7.50L	11.00	10.75	12.00	8
86 CHOLESTEROL TEST 87 FLOCCULATION TEST					5.50	7.00L	7.00L	8.00L	8
88 HEMATOCRIT					4.50	5.50 6.00	5.50	5.50	
							5.00	5.00	8
89 PLATELET COUNT (REES-ECKER) 90 POTASSIUM TEST - BLOOD					10.00	8.00	13.00	7.50	
					7.00	10.00	9.00	7.00	9
91 PROTHROMBIN TIME TEST					5.50L	7.00L	6.00L	6.50L	9
92 SEDIMENTATION RATE					4.90L	5.00L	5.25L	5.00L	9
93 BLOOD SUGAR					10.00	10.00	5.00	8.00	9
94 BUN-UREA - NITROGEN 95 URIC ACIO					7.00	7.00	7.50	8.00	
96 FECES-OCCULT BLOOD-SCREENING					8.00	9.00	8.75	8.00	9
					10.00	8.00	8.00	8.00	9
97 PAP TEST					10.00	12.50	10.00	10.00	9
98 ROUTINE URINALYSIS					5.00	5.00	5.00	5.00	9
99 CHEMICAL URINALYSIS					5.00	3.80	6.00	4.00	9
OO PATHOLOGY - THREE SPECIMENS					28.00	30.00	25.00	27.50	10
O1 ELEC MONITORING-PACEMAKER					63.24	60.69	61.20	53.04	10
O2 CONOR NEPHRECTOMY-UNILATERAL					1223.04	1187.76	1309.68	1231.20	10
O3 KIONEY TRANSPLANT					1528.80	1484.70	1637.10	1539.00	10
104 HOSPITAL BEO - RENTAL					48.50	48.50	48.50	48.50	10
105 WALKER - RENTAL					27.50	27.50	27.50	27.50	10
106 WHEELCHAIR - RENTAL					25.00	25.00	25.00	25.00	10
107 LIQUIO OXYGEN - RENTAL					40.00	40.00	40.00	40.00	10
108 HOSPITAL BEO - PURCHASE					424.00	424.00	424.00	424.00	10
109 WALKER - PURCHASE					152.50	152.50	152.50	152.50	10
110 WHEELCHAIR - PURCHASE					237.00	237.00	237.00	237.00	11

CALIFORNIA LOCALITY OESIGNATION FOR SPECIALIST

	LUCALITY	UE 31 GIVAT TUIN	FUR GENERA	IL PRACTICE	LUCALI	IT UESIGNAL	TON FUR SPE	CIALISI	
PROCEDURE DESCRIPTION	PSR0-05	PSRO-06	PSR0-07	PSR0-08	PSR0-05	PSR0-06	PSR0-07	PSR0-08	
1 INITIAL BRIEF OFFICE VISIT					24.87*	28.00	28.00	26.00	1
2 INITIAL LIMITEO OFFICE VISIT	35.00	31.00	34.50	35.00	32.00	38.00	36.00	37.50	2
3 INITIAL INTERMED OFFICE VISIT					55.00	58.00	55.00	58.00	3
4 INITIAL COMP OFFICE VISIT	74.61*	66.32*	69.64*	69.64*	82.90*	82.90*	82.90*	69.64*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	13.26*	11.61*	9.00	9.95*	11.50	11.61*	9.95*	10.00	5
6 BRIEF FOLLOWUP OFFICE VISIT	16.58*	16.58*	14.92*	13.26*	15.00	19.90*	16.58*	13.26*	6
7 LIMITEO FOLLOWUP OFFICE VISIT	16.58*	16.58*	16.58*	18.57*	19.90*	19.90*	19.90*	19.90*	7
8 INTERMEDIATE F/U OFFICE VISIT	23.00	24.87*	21.00	24.87*	24.87*	24.87*	24.87*	24.87*	8
9 EXTENDED F/U OFFICE VISIT	36.00	36.00	35.00	34.82*	37.00	35.00	35.00	41.45*	9
10 COMP FOLLOWUP OFFICE VISIT	55.00	49.74*	58.03*	58.03*	58.03*	66.32*	58.03*	62.18*	10
11 BRIEF FOLLOWUP HOME VISIT	24.87*	30.00	25.00	24.87*	29.51*	29.51*	29.51*	27.00	11
12 LIMITEO FOLLOWUP HOME VISIT					29.51*	29.51*	35.00	29.51*	12
13 INTERMOIATE F/U HOME VISIT	31.50	35.00	33.16*	35.00	33.16*	33.16*	33.16*	33.16*	13
14 EXTENDED CARE FACILITY VISIT	20.00	00 00+	04 07+	00.00+	22.88*	22.88*	22.00	17.74*	14
15 BRIEF F/U NURSING HOME VISIT	20.00	22.38*	24.87*	22.38*	25.00	25.37*	25.37*	24.70*	15
16 INITIAL BRIEF HOSPITAL VISIT	41.45*	49.74*	49.74*	41.45*	41.45*	49.74*	45.00	41.45*	16
17 INIT INTERMED HOSPITAL VISIT	75 00	74 64+	74 64*	74 64+	63.00*	58.03*	58.03*	59.69*	17
18 INITIAL COMP HOSPITAL VISIT	75.00	74.61*	74.61*	74.61*	82.90*	82.90*	82.90*	81.24*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT 20 LIMITED F/U HOSPITAL VISIT	16.58* 20.60	19.90* 23.21*	16.58* 23.21*	16.00 24.87*	18.00 24.87*	22.00 24.87*	19.90* 24.87*	16.58* 23.21*	19
21 INTERMEO F/U HOSPITAL VISIT	24.87*	20.73*	20.73*	24.87*	24.87*	24.87*	24.87*	24.87*	20 21
22 EXTENDEO F/U HOSPITAL VISIT	24.0/*	20.73*	20.73*	24.87*	37.50	45.00	33.16*	41.45*	22
23 BRIEF EMERGENCY ROOM VISIT					26.00	26.00	26.00	26.00	23
24 LIMITED EMERGENCY ROOM VISIT					30.00	38.00	43.77*	31.83*	24
25 INTERMEO EMERGENCY ROOM VISIT					55.00	66.32*	62.18*	59.69*	25
26 LIMITEO CONSULTATION	41.45*	41.45*	45.00	35.00	50.00	49.74*	56.50	34.82*	26
27 EXTENSIVE CONSULTATION	41.45	41.45	43.00	33.00	65.00	65.00	74.61*	58.03*	27
28 COMPREHENSIVE CONSULTATION					82.90*	99.48*	87.05*	81.24*	28
29 PSYCHOTHERAPY-ONE HOUR					58.03*	58.03*	58.03*	50.00	29
30 PSYCHOTHERAPY-HALF HOUR					33.16*	33.16*	29.02*	33.16*	30
31 CHIROPRACTIC OFFICE VISIT					14.92*	14.92*	14.92*	12.44*	31
32 INITIAL PHYSIOTHERAPY					25.00	18.74*	18.00	22.48*	32
33 F/U PODIATRIC OFFICE VISIT									33
34 ELECTROCAROIOGRAM (EKG)	29.84*	29.84*	32.00	34.82*	30.00	30.00	33.00	34.82*	34
35 EKG-INTERPRET AND REPORT ONLY	18.65*	18.65*	20.00	20.00	15.00	16.58*	18.00	18.00	35
36 SPIROMETRY					24.87*	24.87*	24.87*	24.87*	36
37 ELECTROENCEPHALOGRAM (EEG)					82.90*	70.00	82.90*	82.90*	37
38 CHEMOTHERAPY									38
39 COLLECTION OF SPECIMENS					3.00	3.00	3.00	3.00	39
40 DEBRIDEMENT OF NAILS					25.00	24.87*	25.00	25.00	40
41 SKIN BIOPSY					44.00	38.13*	- 40.00	41.45*	41
42 CHEMOCAUTERY					7.50	6.50	7.50	7.50	42
43 RADICAL MASTECTOMY					1061.12	1061.12*	936.77*	928.48*	43
44 OPEN REDUCTION OF FRACTURE					1604.28*	1336.85*	1276.16*	1069.41*	44
45 ARTHROCENTESIS-MAJOR JOINT	30.00	28.00	29.84*	23.21*	39.79*	33.00	28.19*	24.87*	45
46 CORONARY ARTERY BYPASS					3950.00	3950.00	3950.00	3950.00	46
47 TOTAL ARTIFICIAL HIP REPLACE					2652.80*	2652.80*	2321.20*	2496.00	47
48 NEEOLE PUNCTURE OF BURSA					27.19*	24.21*	. 24.21*	24.21*	48
49 BRONCHOSCOPY					248.70*	248.70*	248.70*	248.70*	49
50 THORACENTESIS					49.74*	44.77*	44.77*	44.77*	50
51 CATHERIZATION OF HEART					522.27*	522.27*	522.27*	522.27*	51
52 INSERTION OF PACEMAKER					1100.00	1100.00	1100.00	1100.00	52 53
53 PARTIAL COLECTOMY	470 50	470 50	470 50	470 50	1161.93*	1264.89*	1089.31*	871.44*	53 54
54 APPENOECTOMY	472.53*	472.53*	472.53*	472.53*	630.04* . 42.44*	567.04* 36.31*	596.88* 42.44*	551.29* 32.66*	54 55
55 SIGMOIOOSCOPY					. 42.44*	30.31*	42.44*	32.00*	55

		LUCALITY	OE STGMATTON	I FUR GENERA	AL PRACTICE	LUCAL	LIT DESIGNA	I TUN FUR SFI	CIALIST	
	PROCEOURE DESCRIPTION	PSR0-05	PSRO-06	PSR0-07	PSR0-08	PSR0-05	PSR0-06	PSR0-07	PSR0-08	
56	HEMORRHOIOECTOMY					464.24*	464.24*	455.95*	397.92*	56
	CHOLECYSTECTOMY					950.00	900.00	845.58*	721.23*	57
	REPAIR HERNIA					580.30*	580.30*	522.27*	455.95*	58
	OIAGNOSTIC CYSTOURETHROSCOPY	02 62+	75.00	71,63*	60.60*	73.62*	67.48*	69.97*	58.36*	59
		82.63*	75.00	/1.03*	00.00					
	OILATION OF URETHRA					27.50	24.87*	21.55*	27.50	60
	PROSTATECTOMY - SUPRAPUBIC	4000	1000 00			1409.30*	1119.15*	1160.60*	1119.15*	61
	ELECTROSECTION-PROSTATE (TUR)	1322.17*	1322.00	1267.08*	1200.00	1326.40*	1322.00	1077.70*	1127.44*	62
	HYSTERECTOMY .					1160.60*	1160.60*	953.35*	895.32*	63
	INITIAL COMPLETE EYE EXAM					49.74*	49.74+	40.00	46.42*	64
	COMPREHENSIVE EYE EXAM					46.42*	39.79*	39.79*	39.79*	65
	EYE EXAM WITH TONOMETRY					19.90*	16.58*	16.58*	16.58+	66
	EXTRACTION OF LENS	1211.98*	1101.81*	1101.81*	1046.71*	1283.29*	1090.80+	1090.80*	1026.63*	67
	CHEST X-RAY - SINGLE VIEW	24.00	24.87*	24.87*	24.87*	24.87*	24.87*	26.00	22.75	68
69	CHEST X-RAY - TWO VIEWS	29.84*	29.84*	29.84*	29.84*	33.16*	34.82*	31.50*	32.33*	69
70	X-RAY SPINE					64.66*	66.32*	66.32*	64.66*	70
7 1	X-RAY HIP					37.31*	39.79*	39.00	37.31*	71
72	X-RAY UPPER GI TRACT	71.63*	75.00	70.51*	72,17*	71.00	71.00	70.47*	63.00*	72
73	X-RAY COLON					70.47*	79.58*	66.32*	64.50	73
74	RADIATION THERAPY-LOW VOLT	30.00	31.25	25.00	31.25	28.85*	28.85*	28.85*	28.85*	74
75	RADIATION THERAPY-SUPER VOLT	44.07*	44.07*	44.07*	44.07*	33.16*	33.16*	33.16*	33.16*	75
76	RADIATION THERAPY-MEGAVOLT									76
77	CAT SCAN - HEAD					229.90*	235.73*	240.13*	240.74	77
78	CAT SCAN - ABOOMEN					306.23*	314.01*	319.86*	320.67	78
79	THREE CHEMISTRY TESTS					18.00	18.00	18.00	18.00	79
80	NINETEEN CHEMISTRY TESTS					30.00	30.50	27.00	26.00	80
81	CULTURE - OTHER THAN BLOOD					8.00	7.00	14.00	10.00	81
82	HEMOGLOBIN					7.50	4.00	5.50	6.00	82
83	AUTOMATEO BLOOD COUNT					6.70	6.70	6.70	6.70	83
84	WHITE CELL COUNT					4.00	4.00	4.00	4.00	84
85	COMPLETE BLOOD COUNT (CBC)					8.75	12.00	14.00	10.75	85
86	CHOLESTEROL TEST					8.00L	8.00L	7.50L	6.00L	86
87	FLOCCULATION TEST					5.50	5.50	5.50	5.50	87
88	HEMATOCRIT					6.00	8.00	5.00	5.00	88
89	PLATELET COUNT (REES-ECKER)					8.10	8.50	9.00	9.50	89
90	POTASSIUM TEST - BLOOD					7.00	10.00	11.50	9.00	90
	PROTHROMBIN TIME TEST					6.00L	6.00L	6.75L	7.00L	91
92	SECIMENTATION RATE					4.80L	6.00L	6.00L	5.50L	92
93	BLOOD SUGAR					7.50	10.00	10.00	13.75	93
94	BUN-UREA - NITROGEN					7.00	7.50	8.00	9.00	94
95	URIC ACIO					7.00	7.50	8.00	8.25	95
	FECES-OCCULT BLOOD-SCREENING					8.00	8.00	7.00	8.00	96
	PAP TEST					10.00	10.00	11.00	12.00	97
	ROUTINE URINALYSIS					5.00	6.00	5.00	5.75	98
	CHEMICAL URINALYSIS					3.00	5.00	4.00	5.00	99
	PATHOLOGY - THREE SPECIMENS					33.00	28.00	31.00	28.00	100
	ELEC MONITORING-PACEMAKER					58.65	55.08	57.63	60.18	101
	OONOR NEPHRECTOMY-UNILATERAL					1508.40	1488.00	1374.24	1292.88	102
	KIONEY TRANSPLANT					1885.50	1860.00	1717.80	1616.10	103
	HOSPITAL BEO - RENTAL					48.50	48.50	48.50	48.50	104
	WALKER - RENTAL					27.50	27.50	27.50	27.50	105
	WHEELCHAIR - RENTAL					25.00	25.00	25.00	25.00	106
	LIQUIO OXYGEN - RENTAL					40.00	40.00	40.00	40.00	107
	HOSPITAL BEO - PURCHASE					424.00	424.00	424.00	424.00	108
	WALKER - PURCHASE					152.50	152.50	152.50	152.50	109
	WHEELCHAIR - PURCHASE					237.00	237.00	237.00	237.00	110

	LOUNEIT	02010111111011	TON GENERA	L TRACTICE	COORE	TI OLDIGITA	11014 1 013	LOTALIST	
PROCEOURE DESCRIPTION	PSR0-09	PSR0-10	PSR0-11	PSR0-12	PSR0-09	PSR0-10	PSR0-11	PSR0-12	
1 INITIAL BRIEF OFFICE VISIT					24.87*	24.87*	23.21*	24.87*	1
2 INITIAL LIMITEO OFFICE VISIT	30.00	40.00	36.00	30.00	40.00	35.00	35.00	32.00	2
3 INITIAL INTERMED OFFICE VISIT					58.03*	55.00	49.74*	53.25	3
4 INITIAL COMP OFFICE VISIT	69.64*	69.64*	69.64*	70.00	82.90*	90.00	69.64*	85.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT	12.00	9.95*	9.95*	10.61*	12.00	9.95*	7.50	7.50	5
6 BRIEF FOLLOWUP OFFICE VISIT	14.92*	13.26*	13.26*	13,26*	16.58*	16.58*	13.26*	16.58*	6
7 LIMITEO FOLLOWUP OFFICE VISIT	16.58*	18.24*	18.24*	18.24*	19.90*	18.24*	18.24*	19.00	7
8 INTERMEDIATE F/U OFFICE VISIT	22.00	24.87*	24.87*	24.00	24.87*	24.87*	24.87*	22.00	8
9 EXTENOEO F/U OFFICE VISIT	30.00	34.82*	34.82*	33.16*	30.00	41.45*	34.82*	34.82*	9
10 COMP FOLLOWUP OFFICE VISIT	49.74*	46.42*	49.74*	41.45*	58.03*	49.74*	49.74*	65.00	10
11 BRIEF FOLLOWUP HOME VISIT	24.87*	21.55*	24.87*	23.21*	29.51*	29.51*	29.51*	29.51*	11
12 LIMITEO FOLLOWUP HOME VISIT					28.35*	29.51*	29.51*	29.51*	12
13 INTERMOIATE F/U HOME VISIT	33.16*	26.86*	33.16*	25.00	33.16*	33.16*	33.16*	33.16*	13
14 EXTENOED CARE FACILITY VISIT					21.55*	17.74*	17.08*	19.07*	14
15 BRIEF F/U NURSING HOME VISIT	22.38*	18.65*	22.38*	20.00	25.37*	25.37*	20.00	22.88*	15
16 INITIAL BRIEF HOSPITAL VISIT	49.74*	41.45*	41.45*	41.45*	50.00	49.74*	41.45*	58.03*	16
17 INIT INTERMEO HOSPITAL VISIT					62.18*	59.69*	59.69*	60.00	17
18 INITIAL COMP HOSPITAL VISIT	82.90*	69.64*	69.64*	74.61*	82.90*	69.64*	69.64*	82.90*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	16.58*	14.92*	13.26*	16.58*	24.87*	16.58*	13.26*	13.00	19
20 LIMITED F/U HOSPITAL VISIT	21.55*	22.00	23.21*	21.00	24.87*	23.21*	19.90*	22.00	20
21 INTERMEO F/U HOSPITAL VISIT	24.87*	29.00	34.82*	26.50	24.87*	24.87*	24.00*	26.00	21
22 EXTENDED F/U HOSPITAL VISIT					40.00	41.45*	39.79*	47.00	22
23 BRIEF EMERGENCY ROOM VISIT					26.00	26.00	25.37*	26.00	23
24 LIMITEO EMERGENCY ROOM VISIT					37.50	37.00	30.00	31.83*	24
25 INTERMEO EMERGENCY ROOM VISIT	40.00	44 45	44.45.	00.70	49.74*	59.69*	59.69*	50.00	25
26 LIMITEO CONSULTATION	40.00	41.45*	41.45*	39.79*	41.45*	49.74*	41.45*	39.79*	26
27 EXTENSIVE CONSULTATION					66.32*	66.32*	58.03*	58.03*	27
28 COMPREHENSIVE CONSULTATION					82.90*	81.24*	81.24*	85.00	28
29 PSYCHOTHERAPY-ONE HOUR					58.03*	60.00*	60.00*	60.00	29
30 PSYCHOTHERAPY-HALF HOUR					33.16* 14.92*	33.16* 12.44*	33.16* 12.44*	33.16* 12.44*	30 31
31 CHIROPRACTIC OFFICE VISIT 32 INITIAL PHYSIOTHERAPY					19.00	23.00	19.83	21.00	32
33 F/U PODIATRIC OFFICE VISIT					19.00	23.00	19.63	21.00	33
34 ELECTROCAROLOGRAM (EKG)	30.00	32.00	34.82*	33.75	30.00	29.84*	34.82*	30.00	34
35 EKG-INTERPRET AND REPORT ONLY	18.65*	16.00	16.00	17.41*	15.00	18.00	20.00	14.92*	35
36 SPIROMETRY	18.05	10.00	10.00	17.415	24.87*	27.50*	24.87*	28.00	36
37 ELECTROENCEPHALOGRAM (EEG)					82.90*	82.90*	82.90*	82.90*	37
38 CHEMOTHERAPY					02.50	02.50	02.30	02.30	38
39 COLLECTION OF SPECIMENS					3.00	3.00	3.00	3.00	39
40 OEBRIOEMENT OF NAILS					25.00	25.00	25.00	25.00	40
41 SKIN BIOPSY					44.00	39.79*	41.45*	39.79*	41
42 CHEMOCAUTERY					7.50	7.50	7.50	7.50	42
43 RADICAL MASTECTOMY					928.48*	928.48*	696.36*	829.00*	43
44 OPEN REOUCTION OF FRACTURE					1415.77*	1069.41*	1069.41*	1069.41*	44
45 ARTHROCENTESIS-MAJOR JOINT	33.16*	27.36*	23,21*	26.53*	30.00	25.25	24.87*	26.53*	45
46 CORONARY ARTERY BYPASS					3950.00	3950.00	3950.00	3950.00	46
47 TOTAL ARTIFICIAL HIP REPLACE					2652.80*	2652.80	2652.80*	2340.00	47
48 NEEOLE PUNCTURE OF BURSA					24.21*	24.21*	21.72*	18.63*	48
49 BRONCHOSCOPY					248.70*	248.70*	248.70*	248.70*	49
50 THORACENTESIS					50.00	40.00	44.77*	41.45*	50
51 CATHERIZATION OF HEART					522.27*	522.27*	522.27*	522.27*	51
52 INSERTION OF PACEMAKER					1100.00	1100.00	1100.00	1100.00	52
53 PARTIAL COLECTOMY					1089.31*	915.05*	968.27*	1089.31*	53
54 APPENDECTOMY	472.53*	472.53*	472.53*	472.53*	547.14*	551.29*	464.24*	530.56*	54
55 SIGMOIOOSCOPY					36.31*	42.44*	36.31*	36.31*	55

		LUCALITY	UC 31 GIVA I 1 UIV	FUR GENERA	L PRACTICE	LUCAL.	III OLJIGIAN	TON TON SEC	CIACISI	
	PROCEOURE DESCRIPTION	PSR0-09	PSR0-10	PSR0-11	PSR0-12	PSR0-09	PSR0-10	PSR0-11	PSR0-12	
56	HEMORRHO I O E CTOMY					500.00	447.66*	348.18*	447.66*	56
	CHOLECYSTECTOMY					882.89*	795.84*	696.36*	820.00	57
	REPAIR HERNIA					522.27*	455.95*	455.95*	464.24*	58
	OIAGNOSTIC CYSTOURETHROSCOPY	88.14+	71.63+	60.60*	66.10*	66.32*	61.35*	56.00*	61.35*	59
	DILATION OF URETHRA	00.14	71.00	00.00	00.10	26.53*	37.31*	37.31*	35.00	60
	PROSTATECTOMY - SUPRAPUBIC					1160.60*	1119,15*	928.48*	1160.60*	61
	ELECTROSECTION-PROSTATE (TUR)	1322.17*	1150.00	1057.74*	1101.81*	1094.28*	1127.44*	928.48*	1150.00	62
	HYSTERECTOMY	1022.17	1130.00	1037.74	1101.01	994.80*	994.80*	994.80*	928.48*	63
	INITIAL COMPLETE EYE EXAM					38.00	40.00	45.00	40.00	64
	COMPREHENSIVE EYE EXAM					33.16*	39.79*	39.79*	39.79*	65
	EYE EXAM WITH TONOMETRY					16.58*	16.00	16.58*	16.00	66
	EXTRACTION OF LENS	1101.81*	1100.00	1101.81*	1046.71*	1026.63*	898.30*	1154.96+	1026.63*	67
	CHEST X-RAY - SINGLE VIEW	24.87*	24.00	20.00	24.87*	23.00	20.00	21.00	22.00	68
	CHEST X-RAY - TWO VIEWS	31.50*	30.00	34.00	29.84*	33.16*	30.00	29.84*	33.00	69
	X-RAY SPINE		00.00			66.00	66.32*	63.00	66.32*	70
	X-RAY HIP					39.79*	39.79*	37.50	34.00	71
	X-RAY UPPER GI TRACT	75.00	75.00	75.00	75.00	71.00	71.00	71.00	71.00	72
	X-RAY COLON					66.32*	66.00	65.00	65.50	73
	RADIATION THERAPY-LOW VOLT	26.00	31.25	31.25	31.25	28.85*	28.85*	28.85*	28.85*	74
	RADIATION THERAPY-SUPER VOLT	44.07*	44.07*	44.07*	44.07*	33.16*	33.16*	33.16*	33.16*	75
	RADIATION THERAPY-MEGAVOLT									76
	CAT SCAN - HEAD					241.80*	240.33*	243.03*	241.54*	77
	CAT SCAN - ABOOMEN					322.10+	320.13*	323.72*	321.73*	78
	THREE CHEMISTRY TESTS					18.00	18.00	18.00	18.00	79
	NINETEEN CHEMISTRY TESTS					30.00	30.00	26.00	35.00	80
	CULTURE - OTHER THAN BLOOD					10.00	15.25	13.50	6.00	81
	HEMOGLOBIN					4.00	5.00	6.00	7.00	82
	AUTOMATEO BLOOD COUNT					6.70	6.70	6.70	6.70	83
	WHITE CELL COUNT					5.00	4.00	4.00	4.00	84
	COMPLETE BLOOD COUNT (CBC)					12.00	11.50	13.00	12.00	85
86	CHOLESTEROL TEST					7.00L	7.00L	9.00	7.00L	86
87	FLOCCULATION TEST					5.50	5.50	5.50	5.50	87
88	HEMATOCRIT					6.00	5.00	5.00	5.00	88
89	PLATELET COUNT (REES-ECKER)					7.50	9.00	6.00	7.00	89
90	POTASSIUM TEST - BLOOD					8.00	9.00	10.00	9.00	90
91	PROTHROMBIN TIME TEST					6.50L	7.00L	7.00L	6.00L	91
92	SEOIMENTATION RATE					5.00L	5.00L	5.00L	5.00L	92
93	BLOOD SUGAR					9.00	10.00	8.00	8.00	93
94	BUN-UREA - NITROGEN					6.00	8.00	9.50	7.00	94
95	URIC ACIO					7.00	7.00	9.00	7.00	95
96	FECES-OCCULT BLOOD-SCREENING					8.00	8.00	8.00	8.00	96
97	PAP TEST					12.00	10.50	8.00	9.00	97
	ROUTINE URINALYSIS					5.00	5.00	5.00	5.00	98
99	CHEMICAL URINALYSIS					5.00	4.00	6.00	4.00	99
	PATHOLOGY - THREE SPECIMENS					25.00	28.00	25.00	28.00	100
	ELEC MONITORING-PACEMAKER					61.20	60.18	62.22	59.16	101
	OONOR NEPHRECTOMY-UNILATERAL					1368.48	1366.08	1218.48	1426.80	102
	KIONEY TRANSPLANT					17 10 . 60	1707.60	1523.10	1783.50	103
	HOSPITAL BEO - RENTAL					48.50	48.00	48.50	48.50	104
	WALKER - RENTAL					27.50	27.50	27.50	27.50	105
	WHEELCHAIR - RENTAL					25.00	25.00	25.00	25.00	106
	LIQUIO OXYGEN - RENTAL					40.00	40.00	40.00	40.00	107
	HOSPITAL BEO - PURCHASE					424.00	424.00	424.00	424.00	108
	WALKER - PURCHASE					152.50	152.50	152.50	152.50	109
110	WHEELCHAIR - PURCHASE					237.00	237.00	237.00	237.00	110

#### OCCIDENTAL LIFE INS. CO. &

1981 PREVAILING CHARGE SUMMARY DATA CALIFORNIA PHYSICIANS SERVICE
LOCALITY DESIGNATION FOR GENERAL PRACTICE

CALIFORNIA
LOCALITY OESIGNATION FOR SPECIALIST

	LUCALITY	UE STGNATION	FUR GENERA	L PRACTICE	LUCALI	ITY UESIGNA	100 FOR 251	ECIALIST	
PROCEOURE DESCRIPTION	PSR0-13	PSR0-14	PSR0-15	PSR0-16	PSRO-13	PSRO-14	PSRO-15	PSR0-16	
1 INITIAL BRIEF OFFICE VISIT					24.87*	26.53*	25.00	28.00	1
2 INITIAL LIMITEO OFFICE VISIT	31.00	30.00	32.00	30.00	35.00	41.45*	35.00	30.00	2
3 INITIAL INTERMED OFFICE VISIT					45.00	58.03*	58.03*	55.00	3
4 INITIAL COMP OFFICE VISIT	59.69*	55.00	82.90*	60.00	75.00	79.58*	91.19*	80.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT	10.61*	10.80	12.00	10.00	9.00	11.61*	10.00	10.00	5
6 BRIEF FOLLOWUP OFFICE VISIT	11.61*	13.26*	13.26*	14.09*	13.26*	13.26*	16.00	16.58*	6
7 LIMITEO FOLLOWUP OFFICE VISIT	19.90*	19.90*	18.24*	18.00	19.90*	18.24*	18.24*	20.73*	7
8 INTERMEDIATE F/U OFFICE VISIT	19.90*	24.87*	20.00	20.00	20.73*	26.53*	24.87*	24.00	8
9 EXTENDED F/U OFFICE VISIT	33.16*	39.79*	30.00	31.00	33.16*	39.79*	45.00	35.00	9
10 COMP FOLLOWUP OFFICE VISIT	40.62*	46.42*	58.03*	50.00	52.00	41.45*	58.03*	62.18*	10
11 BRIEF FOLLOWUP HOME VISIT	24.87*	24.87*	24.87*	28.19*	29.51*	29.51*	29.68*	26.00	11
12 LIMITEO FOLLOWUP HOME VISIT	24.07	24.07	24.07	20.10	29.51*	29.51*	30.00	35.48*	12
13 INTERMOIATE F/U HOME VISIT	33.16*	33.16*	26.53*	34.82*	33.16*	33.16*	34.31*	34.31*	13
14 EXTENDED CARE FACILITY VISIT	00.10	00.10	20.50	04.02	22.22*	19.07*	20.06*	21:39*	14
15 BRIEF F/U NURSING HOME VISIT	22.38*	24.87*	19.73*	22.05*	25.37*	25.37*	25.04+	20.06*	15
16 INITIAL BRIEF HOSPITAL VISIT	37.31*	41.45*	41.45*	42.28*	34.82*	41.45*	41.45*	44.77*	16
17 INIT INTERMED HOSPITAL VISIT	37.31	41.45	41.45	42.20	49.74*	66.32*	70.00	66.32*	17
18 INITIAL COMP HOSPITAL VISIT	75.00	79.58*	82.90*	70.00	82.90*	79.58*	91.19*	82.90*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	13.26*	16.58*	16.58*	16.58*	14.92*	16.58*	19.90*	16.58*	19
20 LIMITEO F/U HOSPITAL VISIT	19.90*	19.90*	23.21*	22.00	24.87*	24.87*	23.21*	24.87*	20
21 INTERMEO F/U HOSPITAL VISIT	24.87*	29.36*	30.00	29.84*	24.87*	35.00	24.87*	24.87*	
· · · · · · · · · · · · · · · · · · ·	24.07*	29.30*	30.00	23.04*		39.79*	41.45*		21
22 EXTENOEO F/U HOSPITAL VISIT					38.00			43.50	22
23 BRIEF EMERGENCY ROOM VISIT					26.00	26.00	25.04*	25.04*	23
24 LIMITEO EMERGENCY ROOM VISIT					35.00	37.00	34.00	32.66*	24
25 INTERMED EMERGENCY ROOM VISIT	27 24+	44 45+	44 45+	40 50	59.69*	59.69*	80.00	45.00	25
26 LIMITEO CONSULTATION	37.31*	41.45*	41.45*	40.50	49.74*	41.45*	60.00	44.77*	26
27 EXTENSIVE CONSULTATION					66.32*	66.32*	62.18*	74.61*	27
28 COMPREHENSIVE CONSULTATION					81.24*	92.85*	99.48*	91.19*	28
29 PSYCHOTHERAPY-ONE HOUR					58.03*	58.03*	60.00*	58.03*	29
30 PSYCHOTHERAPY-HALF HOUR					33.16*	33.16*	35.00	42.00	30
31 CHIROPRACTIC OFFICE VISIT					12.44*	12.44*	12.27*	12.27*	31
32 INITIAL PHYSIOTHERAPY					14.61*	24.12*	22.55	22.55*	32
33 F/U POOIATRIC OFFICE VISIT									33
34 ELECTROCAROIOGRAM (EKG)	34.82*	36.00	34.82*	30.00	29.84*	39.79*	33.16*	30.00	34
35 EKG-INTERPRET AND REPORT ONLY	18.65*	18.65*	17.00	17.00	14.92*	15.00*	20.00	14.92*	35
36 SPIROMETRY					28.00	25.00*	35.00	35.00	36
37 ELECTROENCEPHALOGRAM (EEG)					82.90*	82.90*	90.00	90.00	37
38 CHEMOTHERAPY									38
39 COLLECTION OF SPECIMENS					3.00	3.00	3.00		39
40 DEBRIDEMENT OF NAILS					25.00	25.00	22.62*	19.22*	40
41 SKIN BIOPSY					36.00	41.45*	42.28*	42.28*	41
42 CHEMOCAUTERY					7.50	7.50	8.29*	8.29*	42
43 RADICAL MASTECTOMY					928.48*	928.48*	1077.70*	1260.08*	43
44 OPEN REDUCTION OF FRACTURE					1336.85*	1263.89*	1326.40*	1276.66*	44
45 ARTHROCENTESIS-MAJOR JOINT	23.21*	29.84*	26.53*	29.84*	33.00	28.00	30.00	26.00	45
46 CORONARY ARTERY BYPASS					3950.00	3950.00	4700.00	25.00	46
47 TOTAL ARTIFICIAL HIP REPLACE					2652.80*	2652.80*	2487.00*	2260.87*	47
48 NEEOLE PUNCTURE OF BURSA					24.21*	24.21*	35.00	31.92*	48
49 BRONCHOSCOPY					248.70*	248.70*	223.83*	223.83*	49
50 THORACENTESIS					44.77*	44.77*	50.00	58.03*	50
51 CATHERIZATION OF HEART					522.27*	522.27*	650.00	650.00	51
52 INSERTION OF PACEMAKER					1100.00	1100.00	1492.20*	1492.20*	52
53 PARTIAL COLECTOMY					1089.31*	1045.70*	1061.12*	1380.00	53
54 APPENOECTOMY	472.53*	472.53*	530.56*	530.56*	551.29*	551.29*	530.56*	596.88*	54
55 SIGMOIOOSCOPY					31.50*	36.31*	44.77*	39.79*	55

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#### OCCIDENTAL LIFE INS. CO. &

1981 PREVAILING CHARGE SUMMARY DATA CALIFORNIA PHYSICIANS SERVICE LOCALITY DESIGNATION FOR GENERAL PRACTICE

CALIFORNIA LOCALITY DESIGNATION FOR SPECIALIST

	PROCEOURE DESCRIPTION	PSR0-13	PSR0-14	P\$R0-15	PSR0-16	PSRO-13	PSR0-14	PSR0-15	PSR0-16	
56	HEMORRHOIOECTOMY					447.66*	447.66*	472.53*	497.40*	56
	CHOLECYSTECTOMY					829.00*	746.10+	875.42*	902.00	57
	REPAIR HERNIA					464.24*	447.66*	552.11*	626.72*	58
	DIAGNOSTIC CYSTOURETHROSCOPY	60.00	61.00	75.00	78.67*	61.35*	55.21*	66.32*	69.64*	59
	OILATION OF URETHRA					27.50	24.87*	25.00	25.00	60
	PROSTATECTOMY - SUPRAPUBIC					1119.15*	1119.15*	1326.40*	1326.40*	61
	ELECTROSECTION-PROSTATE (TUR)	1211.98*	1057.74*	1299.99*	1356.51*	1127.44*	994.80*	1127.44*	1326.40*	62
	HYSTERECTOMY					950.00	829.00*	1119.15*	1119.15*	63
	INITIAL COMPLETE EYE EXAM					33.16*	33.16*	36.00	40.00	64
65	COMPREHENSIVE EYE EXAM					33.16*	36.00*	33.16*	49.74*	65
66	EYE EXAM WITH TONOMETRY					16.58*	13.26*	17.41*	16.58*	66
67	EXTRACTION OF LENS	969.60*	1079.77*	994.78*	1073.90*	898.30*	949.70*	1004.75*	1100.00	67
68	CHEST X-RAY - SINGLE VIEW	24.87*	24.87*	24.00	24.87*	24.00	24.00	21.00	25.00	68
69	CHEST X-RAY - TWO VIEWS	29.84*	37.31*	34.82*	33.70	33.16*	36.00	32.00	33.00	69
70	X-RAY SPINE					66.32*	70.00	64.66*	68.00	70
7 1	X-RAY HIP					39.79*	42.00	39.79*	30.00	71
72	X-RAY UPPER GI TRACT	75.00	72.72*	82.90*	82.90*	71.00	71.00	74.00	81.00	72
	X-RAY COLON					66.32*	66.32*	59.69*	74.61*	73
	RADIATION THERAPY-LOW VOLT	31.25	31.25	29.00	30.52*	28.85*	28.85*	36.81*	36.81*	74
75	RADIATION THERAPY-SUPER VOLT	44.07*	44.07*	49.18*	49.18*	33.16*	35.00*	46.42*	46.42*	75
	RADIATION THERAPY-MEGAVOLT									76
	CAT SCAN - HEAD					238.20*	238.69*	309.63*		77
	CAT SCAN - ABOOMEN					317.29*	317.94*	404.90*		78
	THREE CHEMISTRY TESTS					18.00	18.00	15.00	15.00	79
	NINETEEN CHEMISTRY TESTS					20.00	33.00	30.00	20.00	80
	CULTURE - OTHER THAN BLOOD					10.00	10.00	7.50	10.00	81
	HEMOGLOBIN					5.50	6.00	5.00	5.00	82
	AUTOMATED BLOOD COUNT					6.70	6.70	8.00	8.00	83
	WHITE CELL COUNT					4.00	4.00	4.00	4.00	84
	COMPLETE BLOOD COUNT (CBC)					11.00	14.00	10.00	12.00	85
	CHOLESTEROL TEST					7.00L	9.45L	6.00L	5.00L	86
	FLOCCULATION TEST					5.50	5.50	10.00	10.00	87
	HEMATOCRIT					5.00	8.00	5.00	5.00	88
	PLATELET COUNT (REES-ECKER)					6.00	7.50	13.50	10.00	89
	POTASSIUM TEST - BLOOD					9.00	9.00	10.00	10.00	90
	PROTHROMBIN TIME TEST					7.00L	7.00L	6.00L	7.00L	91
	SECIMENTATION RATE					5.00L	5.70L	5.50L	6.00L	92
	BLOOD SUGAR					7.50	13.00	9.00	10.00	93
	BUN-UREA - NITROGEN					7.00	9.00	6.00	5.00L	94
	URIC ACIO					7.00	9.50	6.00	5.00L	95
	FECES-OCCULT BLOOD-SCREENING PAP TEST					8.00	8.00	5.00	5.00	96
	ROUTINE URINALYSIS					12.00	9.00	14.00	10.00	97
	CHEMICAL URINALYSIS					5.00	5.00	5.00	6.00L	98
	PATHOLOGY - THREE SPECIMENS					4.00	5.00	4.80	5.00	99
	ELEC MONITORING-PACEMAKER					28.00 59.16	28.00 61.71	25.00	25.00	100
	DONOR NEPHRECTOMY -UNILATERAL					1397.76	1175.28	64.77 1900.00	52.50L 16.00	102
	KIONEY TRANSPLANT					1747.20	1469.10	2579.85	29.00L	103
	HOSPITAL BEO - RENTAL					48.50	48.50	52.50	307.40L	104
	WALKER - RENTAL					27.50	27.50	22.50	47.00	105
	WHEELCHAIR - RENTAL					25.00	25.00	29.00	225.00L	106
	LIQUIO OXYGEN - RENTAL					40.00	40.00	40.00		107
	HOSPITAL BEO - PURCHASE					424.00	424.00	443.60		108
	WALKER - PURCHASE					152.50	152.50	152.50		109
	WHEELCHAIR - PURCHASE					237.00	237.00	225.00		110
							2000	220.00		1.0

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1981 PREVAILING CHARGE SUMMARY DATA OCCIDENTAL LIFE INS. CO. LOCALITY DESIGNATION FOR GENERAL PRACTICE LOCALITY DESIGNATION FOR SPECIALIST

CALIFORNIA

	LUCALITY	UE SI GNA I I UN	FUR GENERA	L PRACTICE	LUCALI	IT UESIGNA	TON FOR SPI	ECIALISI	
PROCEOURE DESCRIPTION	PSR0-17	PSR0-18	PSRO-19	PSR0-20	PSRO-17	PSR0-18	PSRO-19	PSRO-20	
1 INITIAL BRIEF OFFICE VISIT					20.00	30.00	33.16*	28.00	1
2 INITIAL LIMITED OFFICE VISIT	25.00	35.00	35.00	30.00	35.00	40.00	40.00	35.00	2
3 INITIAL INTERMED OFFICE VISIT					50.00	60.00	49.74*	50.00	3
4 INITIAL COMP OFFICE VISIT	80.00	75.00	70.00	85.00	86.22*	82.90*	82.90*	82.90*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	9.95*	10.00	10.00	10.00	10.61*	10.00	13.00	10.00	5
6 BRIEF FOLLOWUP OFFICE VISIT	13.26*	16.58*	16.58*	16.58*	19.00	20.73*	19.90*	19.90*	6
7 LIMITEO FOLLOWUP OFFICE VISIT	20.00	20.00	19.90*	19.90*	21.55*	24.87*	19.90*	24.87*	7
8 INTERMEDIATE F/U OFFICE VISIT	21.00	24.00	26.53*	24.87*	25.00	24.87*	25.00	27.00	8
9 EXTENDED F/U OFFICE VISIT	26.00	33.10	30.00	35.00	30.00	35.00	35.00	35.00	9
10 COMP FOLLOWUP OFFICE VISIT	56.37*	68.00	58.03*	58.03*	56.37*	66.00	80.00	68.81*	10
11 BRIEF FOLLOWUP HOME VISIT	24.50	30.00	30.00	30.00	29.68*	29.68*	29.68*	29.68*	11
12 LIMITEO FOLLOWUP HOME VISIT					35.00	30.00	35.00	30.00	12
13 INTERMOTATE F/U HOME VISIT	33.16*	33.16*	41.45*	33.16*	34.31*	34.31*	34.31*	30.00	13
14 EXTENDED CARE FACILITY VISIT	••••				20.06*	25.00	21.97*	23.00	14
15 BRIEF F/U NURSING HOME VISIT	20.00*	24.54*	24.54*	24.54*	23.88*	25.00	30.00	25.04*	15
16 INITIAL BRIEF HOSPITAL VISIT	41.45*	58.03*	50.00	58.03*	41.45*	58.03*	45.00	50.00	16
17 INIT INTERMED HOSPITAL VISIT					66.32*	75.00	74.61*	78.00	17
18 INITIAL COMP HOSPITAL VISIT	79.58*	80.00	80.00	85.00	94.51*	82.90*	82.90*	82.90*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	16.58*	24.87*	19.90*	24.87*	19.90*	24.87*	24.00	24.87*	19
20 LIMITEO F/U HOSPITAL VISIT	25.00	25.00	30.00	25.00	26.00	24.87*	26.53*	29.84*	20
21 INTERMED F/U HOSPITAL VISIT	24.87*	24.87*	16.58*	25.00*	28.19*	24.87*	24.87*	25.00*	21
22 EXTENDED F/U HOSPITAL VISIT	24.07	24.07	.0.00	20.00	42.00	35.00*	33.16*	33.16*	22
23 BRIEF EMERGENCY ROOM VISIT		•			25.00	31.34*	31.34*	31.34*	23
24 LIMITEO EMERGENCY ROOM VISIT					37.64*	24.00	41.45*	31.34*	24
25 INTERMEO EMERGENCY ROOM VISIT					60.00	48.00	48.00	50.00	25
26 LIMITED CONSULTATION	40.50	40.50	40.50	40.50	58.03*	50.00	50.00	45.00	26
27 EXTENSIVE CONSULTATION	.0.00	10.00			66.32*	75.00	75.00	82.90*	27
28 COMPREHENSIVE CONSULTATION					94.51*	120.00	99.48*	107.77*	28
29 PSYCHOTHERAPY - ONE HOUR					60.00	74.61*	65.00	66.32*	29
30 PSYCHOTHERAPY-HALF HOUR					30.00	45.00	35.00	41.45*	30
31 CHIROPRACTIC OFFICE VISIT					14.76*	14.76*	14.76*	14.76*	31
32 INITIAL PHYSIOTHERAPY					22.55*	22.55*	22.55*	22.55*	32
33 F/U PODIATRIC OFFICE VISIT					22100				33
34 ELECTROCAROIOGRAM (EKG)	37.50	34.82*	34.82*	34.82*	35.00	33.16*	35.00	35.00	34
35 EKG-INTERPRET AND REPORT ONLY	17.00	29.02*	17.00	17.00	18.00	20.00	16.58*	16.58*	35
36 SPIROMETRY	17.00	20.02	.,		35.00	35.00	35.00	35.00	36
37 ELECTROENCEPHALOGRAM (EEG)					70.00	85.00	100.00	75.00	37
38 CHEMOTHERAPY					, , , , ,	50.00		,	38
39 COLLECTION OF SPECIMENS									39
40 DEBRIDEMENT OF NAILS					20.00	16.96*	20.34*	23.74*	40
41 SKIN BIOPSY					42.28*	45.00	42.28*	42.28*	41
42 CHEMOCAUTERY					8.29*	8.29*	8.29*	8.29*	42
43 RADICAL MASTECTOMY					1193.76*	1409.30*	1253.45*	1243.50*	43
44 OPEN REDUCTION OF FRACTURE					1389.74*	1492.20*	1528.68*	1516.08*	44
45 ARTHROCENTESIS-MAJOR JOINT	29.84*	31.50*	34.82*	33.16*	28.00	30.00	25.00*	33.16*	45
46 CORONARY ARTERY BYPASS	25.04	31.30	54.02	00.10	25.00	26.00	30.00	25.00	46
47 TOTAL ARTIFICIAL HIP REPLACE					2260.87*	2260.87*	2260.87*	2260.87*	47
48 NEEOLE PUNCTURE OF BURSA					31.92*	31.92*	25.00	25.53*	48
49 BRONCHOSCOPY					223.83*	223.83*	223.83*	225.00*	49
50 THORACENTESIS					58.03*	58.03*	54.00	58.50	50
51 CATHERIZATION OF HEART					650.00	650.00	650.00	650.00	51
52 INSERTION OF PACEMAKER					1492.20*	1492.20*	1492.20*	1492.20*	52
53 PARTIAL COLECTOMY					1127.44*	1326.40*	1276.66*	1600.00	53
54 APPENOECTOMY	530.56*	530.56*	539.51*	530.56*	596.88*	596.88*	596.88*	596.88*	54
55 SIGMOIDOSCOPY		300.00			44.77*	42.69*	41.78*	45.93*	55

	1981 PREVAILING CHARGE SUMMARY		OCCIDENTAL OESIGNATION				IFORNIA TY OESIGNAT	TION FOR SPE	ECIALIST	
	PROCEOURE DESCRIPTION	PSR0-17	PSR0-18	PSR0-19	PSR0-20	PSR0-17	PSR0-18	PSRO-19	PSR0-20	
56	HEMORRHOIOECTOMY					497.40*	497.40*	497.40+	497.40*	56
57	CHOLECYSTECTOMY					911.90*	1065.00	994.80*	1077.70*	57
58	REPAIR HERNIA					626.72*	663.20*	663.20*	663.20*	58
	DIAGNOSTIC CYSTOURETHROSCOPY	80.00	85.00	67.83*	80.00	70.96*	82.90*	70.00	80.00	59
	OILATION OF URETHRA					26.00	26.53*	35.00	28.19*	60
	PROSTATECTOMY - SUPRAPUBIC				4575 00	1326.40*	1381.94*	1392.72*	1372.00*	61
		1323.00	1469.55+	1356.51*	1575.00	1061.12*	1409.30*	1380.00	1372.00*	62
	HYSTERECTOMY					1119.15* 40.00	1160.60* 40.00	1050.00 43.52*	1400.00 45.00	63 64
	INITIAL COMPLETE EYE EXAM COMPREHENSIVE EYE EXAM					39.79*	48.00	43.52*	39.79*	65
	EYE EXAM WITH TONOMETRY					17.41+	16.58*	16.58+	16.58*	66
		1350.00	1243.47*	1243.47*	1400.00	1160.60*	1326.40*	1300.00	1400.00	67
	CHEST X-RAY - SINGLE VIEW	25.00	21.25	24.87*	25.00	24.87*	25.00	24.00	27.00	68
	CHEST X-RAY - TWO VIEWS	40.00	34.82*	34.82*	34.82*	37.31*	34.82+	36.00	34.82*	69
	X-RAY SPINE					78.00	65.00	67.00	69.00	70
	X-RAY HIP					43.61*	32.00	43.61*	37.00	71
72	X-RAY UPPER GI TRACT	82.90*	70.00*	82.90*	87.05*	81.00	75.00	81.00	81.00	72
73	X-RAY COLON					74.61*	74.61*	81.00	81.00	73
74	RADIATION THERAPY-LOW VOLT	39.56*	39.56*	39.56*	40.00	36.81*	36.81*	36.81*	36.81*	74
75	RADIATION THERAPY-SUPER VOLT	49.18*	49.18*	49.18*	49.18*	49.74*	46.42*	49.74*	46.42*	75
	RADIATION THERAPY-MEGAVOLT									76
	CAT SCAN - HEAD									77
	CAT SCAN - ABOOMEN									78
	THREE CHEMISTRY TESTS					15.00	15.00	15.00	12.50	79
	NINETEEN CHEMISTRY TESTS					20.00	20.00	25.00	25.00	80
	CULTURE - OTHER THAN BLOOD					6.00	10.00	7.00	13.00	81
	HEMOGLOBIN AUTOMATEO BLOOD COUNT					5.00 8.00	5.00 8.00	5.00	5.00	82 83
	WHITE CELL COUNT					4.00	4.00	8.00 4.00	8.00 4.00	84
	COMPLETE BLOOD COUNT (CBC)					8.50	10.00	9.00	15.00	85
	CHOLESTEROL TEST					7.00L	7.90L	6.00L	7.00L	86
	FLOCCULATION TEST					10.00	10.00	10.00	10.00	87
	HEMATOCRIT					7.00	5.00	5.00	6.50	88
	PLATELET COUNT (REES-ECKER)					13.20	7.50	11.50	10.00	89
90	POTASSIUM TEST - BLOOD					10.00	10.00	10.00	8.00	90
91	PROTHROMBIN TIME TEST					8.50L	5.50L	6.00L	7.00L	91
92	SECIMENTATION RATE					5.00L	4.00L	5.00L	6.00L	92
	BLOOD SUGAR					12.00	10.00	7.00	8.50	93
	BUN-UREA - NITROGEN					8.00L	7.00L	6.00L	7.50L	94
	URIC ACIO					5.10L	7.00L	7.00L	7.00L	95
	FECES-OCCULT BLOOD-SCREENING					10.00	10.00	5.00	7.00	96
	PAP TEST					15.00	10.00	12.00	15.00	97
	ROUTINE URINALYSIS					5.00L	5.00L	5.00L	6.00L	98
	CHEMICAL URINALYSIS PATHOLOGY - THREE SPECIMENS					5.00	5.00	5.00	5.00	99 100
	ELEC MONITORING-PACEMAKER					20.00 52.50L	25.00 52.50L	25.00 52.50L	28.00 52.50L	101
	OONOR NEPHRECTOMY-UNILATERAL					16.00	16.00	16.00	16.00	102
	KIONEY TRANSPLANT					29.00L	29.00L	29.00L	29.00L	103
	HOSPITAL BED - RENTAL					52.50	52.50	52.50	52.50	104
	WALKER - RENTAL					22.50	22.50	22.50	22.50	105
	WHEELCHAIR - RENTAL					29.00	29.00	29.00	29.00	106
	LIQUID DXYGEN - RENTAL					40.00	40.00	40.00	40.00	107
108	HOSPITAL BEO - PURCHASE					443.60	443.60	443.60	443.60	108
	WALKER - PURCHASE					152.50	152.50	152.50	152.50	109
110	WHEELCHAIR - PURCHASE					225.00	225.00	225.00	225.00	110

	1981 PREVAILING CHARGE SUMMARY		OCCIDENTAL OESIGNATION				IFORNIA TY OESIGNAT	TION FOR SPI	ECIALIST	
	PROCEOURE DESCRIPTION	PSR0-21	PSR0-22	PSR0-23	PSR0-24	PSR0-21	PSR0-22	PSR0-23	PSR0-24	
1	INITIAL BRIEF OFFICE VISIT					28.00	30.00	26.00	29.84*	1
2	INITIAL LIMITEO OFFICE VISIT	35.00	35.00	35.00	37.50	40.00	40.00	34.00	40.00	2
3	INITIAL INTERMED OFFICE VISIT					49.74*	65.00	50.00	55.00	3
4	INITIAL COMP OFFICE VISIT	75.00	82.90*	82.90*	75.00	82.90*	82.90*	91.19*	82.90*	4
5	MINIMAL FOLLOWUP OFFICE VISIT	11.00	10.00	15.00	13.26*	10.00	15.00	10.00	10.00	5
6	BRIEF FOLLOWUP OFFICE VISIT	16.58*	16.58*	16.58*	15.00	19.90*	23.00	19.90*	19.90*	6
7	LIMITED FOLLOWUP OFFICE VISIT	19.90*	19.90*	18.24*	19.90*	24.00	24.87*	19.90*	24.87*	7
8	INTERMEDIATE F/U OFFICE VISIT	22.00	24.87*	20.00	24.87*	25.00	24.87*	24.87*	24.87*	8
9	EXTENDED F/U OFFICE VISIT	35.00	33.00	35.00	33.10	30.00	40.00	50.00	40.00	9
10	COMP FOLLOWUP OFFICE VISIT	60.00	58.03*	65.00	49.40	66.32*	74.61*	75.00	58.03*	10
11	BRIEF FOLLOWUP HOME VISIT	30.00	33.16*	20.00	20.00	29.68*	29.68*	29.68*	25.00	11
12	LIMITEO FOLLOWUP HOME VISIT					35.00	30.00	35.00	25.00	12
13	INTERMDIATE F/U HOME VISIT	30.00	40.00	30.00	30.00	34.31*	34.31*	34.31*	34,.31*	13
	EXTENDED CARE FACILITY VISIT			•		20.06*	23.00	20.06*	21.97*	14
15	BRIEF F/U NURSING HOME VISIT	20.00*	25.00*	24.54*	22.05*	30.18*	23.00	25.04*	25.04*	15
16	INITIAL BRIEF HOSPITAL VISIT	50.00	50.00	45.00	35.00	60.00	58.03*	50.00	45.00	16
17	INIT INTERMED HOSPITAL VISIT					66.32*	82.90*	75.00	66.32*	17
18	INITIAL COMP HOSPITAL VISIT	82.90*	82.90*	80.00	80.00	82.90*	82.90*	99.48*	87.05*	18
19	BRIEF FOLLOWUP HOSPITAL VISIT	22.00	24.87*	20.00	20.00	24.87*	25.00	24.87*	24.87*	19
20	LIMITEO F/U HOSPITAL VISIT	24.87*	33.16*	24.87*	25.00	24.87*	33.16*	24.87*	31.25	20
21	INTERMED F/U HOSPITAL VISIT	24.87*	24.87*	24.87*	33.16*	24.87*	33.16*	24.87*	24.87*	21
22	EXTENDED F/U HOSPITAL VISIT					33.16*	45.00	35.00*	33.16*	22
23	BRIEF EMERGENCY ROOM VISIT					30.18*	31.34*	31.34*	25.04*	23
24	LIMITEO EMERGENCY ROOM VISIT					24.00	24.00	24.00	24.00	24
25	INTERMED EMERGENCY ROOM VISIT					39.00	75.00	60.00	48.00	25
26	LIMITEO CONSULTATION	40.50	40.50	40.50	40.50	65.00	58.03*	60.00	50.00	26
27	EXTENSIVE CONSULTATION					75.00	82.90*	85.00	80.00	27
28	COMPREHENSIVE CONSULTATION					82.90*	124.35*	124.35*	124.35*	28
29	PSYCHOTHERAPY-ONE HOUR					70.00	58.03*	65.00	65.00	29
30	PSYCHOTHERAPY-HALF HOUR					35.00	40.00	45.00	50.00	30
31	CHIROPRACTIC OFFICE VISIT					14.76*	14.76*	12.93*	14.76*	31
32	INITIAL PHYSIOTHERAPY					22.55*	22.55*	22.55*	22.55*	32
33	F/U PODIATRIC OFFICE VISIT									33
34	ELECTROCARDIOGRAM (EKG)	35.00	34.82*	35.00	33.16*	34.82*	33.16*	33.16*	33.16*	34
35	EKG-INTERPRET AND REPORT ONLY	17.00	17.00	17.00	17.00	19.00	16.58*	15.00	18.00	35
36	SPIROMETRY					35.00	35.00	35.00	35.00	36
37	ELECTROENCEPHALOGRAM (EEG)					90.00	115.00	80.00	82.90*	37
38	CHEMOTHERAPY									38
39	COLLECTION OF SPECIMENS									39
40	OEBRIOEMENT OF NAILS					22.00	20.34*	20.00	25.43*	40
41	SKIN BIOPSY					49.74*	42.28*.	49.74*	49.74*	41
42	CHEMOCAUTERY					8.29*	8.29*	8.29*	8.29*	42
43	RADICAL MASTECTOMY					1193.76*	1409.30*	1243.50*	1326.40*	43
44	OPEN REDUCTION OF FRACTURE					1550.23*	1667.62*	1528.68*	1575.10*	44
45	ARTHROCENTESIS-MAJOR JOINT	29.84*	25.00	33.16*	33.16*	30.00	30.00	24.87*	30.00	45
46	CORONARY ARTERY BYPASS					25.00	20.00	27.00	25.00	46
47	TOTAL ARTIFICIAL HIP REPLACE					2260.87*	2260.87*	2260.87*	2260.87*	47
48	NEEOLE PUNCTURE OF BURSA					31.92*	31.92*	31.92*	25.53*	48
49	BRONCHOSCOPY					223.83*	223.83*	223.83*	198.96*	49
50	THORACENTESIS					54.00	58.03*	58.03*	58.50	50
51	CATHERIZATION OF HEART					650.00	650.00	650.00	663.20*	51
52	INSERTION OF PACEMAKER					1492.20*	1492.20*	1492.20*	1492.20*	52
53	PARTIAL COLECTOMY					1500.00	1616.55*	1560.00	1500.00	53
54	APPENOECTOMY	530.56*	530.56*	530.56*	530.56*	596.88*	596.88*	596.88*	663.20*	54
55	SIGMOIDOSCOPY					44.77*	51.07*	51.07*	45.93*	55

	1981 PREVAILING CHARGE SUMMARY		OCCIDENTAL OESIGNATION				IFORNIA TY OESIGNAT	ION FOR SPE	CIALIST	
	PROCEOURE DESCRIPTION	PSR0-21	PSRO-22	PSR0-23	PSR0-24	PSR0-21	PSR0-22	PSR0-23	PSR0-24	
56	HEMORRHOIDECTOMY					497.40*	497.40*	497.40*	580.30*	56
57	CHOLECYSTECTOMY					1066.00	1119.15*	994.80*	1200.00	57
	REPAIR HERNIA					696.36*	746.10*	730.00	746.10*	58
	DIAGNOSTIC CYSTOURETHROSCOPY	80.00	94.95*	84.79*	78.00	80.00	90.36*	82.90*	74.61*	59
	OILATION OF URETHRA					24.87*	24.87*	37.31*	24.87*	60
	PROSTATECTOMY - SUPRAPUBIC					1326.40*	1600.00	1367.85*	1326.40*	61
	· ·	1401.74*	1639.12*	1526.07*	1600.00	1326.40*	1492.20*	1326.40*	1326.40*	62
	HYSTERECTOMY '					1492.20*	1160.60*	1193.76*	1160.60*	63
	INITIAL COMPLETE EYE EXAM					45.00	49.74*	40.00	40.00	64
	COMPREHENSIVE EYE EXAM					40.00*	41.45*	50.00	46.42*	65
	EYE EXAM WITH TONOMETRY	4420 42+	1450.00	1221 00	1256 E1+	14.92*	16.58*	19.90*	20.00	66
	EXTRACTION OF LENS CHEST X-RAY - SINGLE VIEW	1130.42*	1450.00 24.87*	1331.00 25.00	1356.51*	1160.60* 24.87*	1435.33* 24.87*	1326.40* 30.00	1304.85* 24.87*	67
	CHEST X-RAY - TWO VIEWS	35.00	35.00	36.10	35.00	37.00	34.82*	35.25	34.82*	68 69
	X-RAY SPINE	33.00	33.00	30.10	33.00	75.00	75.44*	75.00	67.15*	70
	X-RAY HIP					41.50	39.79*	43.00	44.77*	71
	X-RAY UPPER GI TRACT	82.90*	82.90*	82.90*	82.90*	98.25	75.44*	81.00	31.00	72
	X-RAY COLON	02.50	02.30	02.30	02.50	78.76*	74.61*	74.61*	85.00	73
	RADIATION THERAPY-LOW VOLT	39.56*	39.56*	39.56*	40.00	36.81*	36.81*	36.81*	36.81+	74
	RADIATION THERAPY-SUPER VOLT	49.18*	49.18*	49.18*	49.18*	49.74*	46.42*	49.74*	49.74*	75
	RADIATION THERAPY-MEGAVOLT									76
	CAT SCAN - HEAO									77
78	CAT SCAN - ABOOMEN									78
79	THREE CHEMISTRY TESTS					19.00	15.00	15.00	30.00	79
80	NINETEEN CHEMISTRY TESTS					20.00	20.00	20.00	20.00	80
8 1	CULTURE - OTHER THAN BLOOD					13.00	15.00	11.00	14.00	81
82	HEMOGLOBIN					6.00	4.80	5.00	6.00	82
	AUTOMATEO BLOOO COUNT					8.00	8.00	8.00	8.00	83
	WHITE CELL COUNT					4.00	4.00	4.00	4.00	84
	COMPLETE BLOOD COUNT (CBC)					11.00	12.00	12.50	14.00	85
	CHOLESTEROL TEST					7.00L	9.00L	8.00L	7.00L	86
	FLOCCULATION TEST					10.00	10.00	10.00	10.00	87
	HEMATOCRIT					6.00	5.00	5.00	5.00	88
	PLATELET COUNT (REES-ECKER)					9.50	12.00	10.00	8.50	89
	POTASSIUM TEST - BLOOD					10.00	11.50	13.00	12.00	90
	PROTHROMBIN TIME TEST SEOIMENTATION RATE					7.00L 5.00L	7.00L 6.00L	6.50L	6.50L 5.00L	91 92
	BLOOD SUGAR					10.00	10.00	4.00L 10.00	14.00	93
	BUN-UREA - NITROGEN					6.10L	10.00L	8.00L	8.00L	94
	URIC ACID					7.00L	9.90L	8.00L	7.00L	95
	FECES-OCCULT BLOOD-SCREENING					6.00	10.00	12.00	5.00	96
	PAP TEST					14.00	13.00	15.00	15.00	97
	ROUTINE URINALYSIS					5.00L	6.00L	5.00L	5.00L	98
	CHEMICAL URINALYSIS					4.00	7.00	5.00	4.00	99
100	PATHOLOGY - THREE SPECIMENS					25.00	25.00	25.00	30.00	100
101	ELEC MONITORING-PACEMAKER					52.50L	52.50L	52.50L	52.50L	101
102	OONOR NEPHRECTOMY-UNILATERAL					16.00	16.00	16.00	16.00	102
	KIONEY TRANSPLANT					29.00L	29.00L	29.00L	29.00L	103
104	HOSPITAL BEO - RENTAL					52.50	52.50	52.50	52.50	104
	WALKER - RENTAL					22.50	22.50	22.50	22.50	105
	WHEELCHAIR - RENTAL					29.00	29.00	29.00	29.00	106
	LIQUIO OXYGEN - RENTAL					40.00	40.00	40.00	40.00	107
	HOSPITAL BEO - PURCHASE					443.60	443.60	443.60	443.60	108
	WALKER - PURCHASE					152.50	152.50	152.50	152.50	109
110	WHEELCHAIR - PURCHASE					225.00	225.00	225.00	225.00	110

OCCIDENTAL LIFE INS. CO. &

1981 PREVAILING CHARGE SUMMARY DATA CALIFORNIA PHYSICIANS SERVICE

## DATA CALIFORNIA PHYSICIANS SERVICE CALIFORNIA LOCALITY DESIGNATION FOR GENERAL PRACTICE LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	PSR0-25	PSR0-26	PSR0-27	PSR0-28	PSR0-25	PSR0-26	PSR0-27	PSR0-28	
1 INITIAL BRIEF OFFICE VISIT					30.00	29.84*	26.53*	<b>25</b> .00	1
2 INITIAL LIMITED OFFICE VISIT	30.00	40.00	30.00	30.00	35.00	40.00	35.00	35.00	2
3 INITIAL INTERMED OFFICE VISIT					60.00	58.03*	55.00	58.03*	3
4 INITIAL COMP OFFICE VISIT	70.00	82.90*	75.00	75.00	82.90*	82.90*	82.90*	85.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT	15.00	- 13.26*	10.00	10.00	11.20	11.61*	9.95*	9.25	5
6 BRIEF FOLLOWUP OFFICE VISIT	15.00	16.58*	13.26*	14.92*	24.87*	19.90*	16.58*	16.58*	6
7 LIMITED FOLLOWUP OFFICE VISIT	20.00	19.90*	18.24*	18.00	24.87*	19.90*	22.00	18.24*	7
8 INTERMEDIATE F/U OFFICE VISIT	25.00	22.00	24.87*	25.00	30.00	24.87*	24.87*	28.19*	8
9 EXTENDED F/U OFFICE VISIT	40.00	38.50	30.00	37.00	35.00	32.00	39.00	40.00	9
10 COMP FOLLOWUP OFFICE VISIT	45.00	58.03*	50.00	58.03*	58.03*	66.32*	66.32*	61.00	10
11 BRIEF FOLLOWUP HOME VISIT	29.50	33.16*	24.00	26.53*	29.68*	29.68*	26.00	30.00	11
12 LIMITEO FOLLOWUP HOME VISIT					35.00	35.48*	35.48*	35.00	12
13 INTERMOIATE F/U HOME VISIT	33.16*	33.16*	30.00	40.00	34.31*	34.31*	34.31*	34.31*	13
14 EXTENDED CARE FACILITY VISIT					23.00	23.00	18.90*	20.06*	14
15 BRIEF F/U NURSING HOME VISIT	22.00	24.54*	22.00	22.05*	30.00	25.00	25.04*	20.06*	15
16 INITIAL BRIEF HOSPITAL VISIT	50.00	58.03*	41.45*	44.77*	60.00	58.00	55.00	41.45*	16
17 INIT INTERMED HOSPITAL VISIT					80.00	80.00	66.32*	68.81*	17
18 INITIAL COMP HOSPITAL VISIT	86.00	82.90*	79.58*	79.58*	84.56*	99.48*	82.90*	90.00	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	20.00	21.00	16.58*	16.58*	25.00	24.87*	20.00	19.90*	19
20 LIMITEO F/U HOSPITAL VISIT	36.48*	24.87*	22.00	25.00	33.16*	26.53*	24.87*	25.25	20
21 INTERMEO F/U HOSPITAL VISIT	24.87*	29.84*	25.00*	19.90*	33.16*	24.87*	26.53*	24.87*	21
22 EXTENDED F/U HOSPITAL VISIT					41.45*	35.00	40.00	41.45*	22
23 BRIEF EMERGENCY ROOM VISIT					35.00	31.34*	18.90*	25.04*	23
24 LIMITEO EMERGENCY ROOM VISIT					29.00	37.64*	40.00	36.97*	24
25 INTERMEO EMERGENCY ROOM VISIT	40.50	44.45*	44 45+	40.74*	48.00	50.00	60.00	60.00 49.74*	25 26
26 LIMITEO CONSULTATION	40.50	41.45*	41.45*	49.74*	50.00 100.00	60.00 80.00	41.45* 75.00	68.81*	27
27 EXTENSIVE CONSULTATION					124.35*	99.48*	82.90*	97.82*	28
28 COMPREHENSIVE CONSULTATION 29 PSYCHOTHERAPY-ONE HOUR					66.32*	66.32*	75.00	66.32*	29
30 PSYCHOTHERAPY-HALF HOUR					39.79*	39.79*	45.00	39.79*	30
31 CHIROPRACTIC OFFICE VISIT					14.76*	14.76*	12.27*	14.76*	31
32 INITIAL PHYSIOTHERAPY					22.55*	22.55*	22.55	22.55*	32
33 F/U POOIATRIC OFFICE VISIT					22.00	22.00	22.00	22.00	33
34 ELECTROCARDIOGRAM (EKG)	33.00	35.00	32.00	35.00	33.16*	33.16*	35.00	32.25	34
35 EKG-INTERPRET AND REPORT ONLY	17.00	17.00	17.00	17.00	18.00	16.58*	16.58*	14.00	35
36 SPIROMETRY					35.00	35.00	35.00	35.00	36
37 ELECTROENCEPHALOGRAM (EEG)					80.00	82.90*	94.51*	80.00	37
38 CHEMOTHERAPY									38
39 COLLECTION OF SPECIMENS							3.00		39
40 DEBRIDEMENT OF NAILS					25.00	22.62*	20.00	20.00	40
41 SKIN BIOPSY					54.00	54.00	35.00	51.40*	41
42 CHEMOCAUTERY					8.29*	8.29*	8.29*	8.29*	42
43 RADICAL MASTECTOMY					1560.00	1309.82*	1077.70*	1193.76*	43
44 OPEN REDUCTION OF FRACTURE					1742.23*	1528.68*	1389.74*	1459.04*	44
45 ARTHROCENTESIS-MAJOR JOINT	20.00*	30.00	28.00	29.84*	20.00*	33.16*	33.16*	34.00	45
46 CORONARY ARTERY BYPASS					20.00	20.50	4700.00	27.00	46
47 TOTAL ARTIFICIAL HIP REPLACE					2260.87*	2260.87*	2487.00*	2260.87*	47
48 NEEOLE PUNCTURE OF BURSA					25.58*	31.92*	30.67*	28.68*	48
49 BRONCHOSCOPY					223.83*	223.83*	208.91*	223.83*	49
50 THORACENTESIS					58.03*	58.03*	58.03*	58.03*	50
51 CATHERIZATION OF HEART					650.00	663.20*	650.00	600.00	51
52 INSERTION OF PACEMAKER					1492.20*	1492.20*	1492.20*	1492.20*	52
53 PARTIAL COLECTOMY	500 50	500 50	500 50	500 FC:	2000.00	1392.72*	1193.76*	1193.76*	53
54 APPENOECTOMY	530.56*	530.56*	530.56*	530.56*	596.88*	596.88*	596.88*	582.79*	54 55
55 SIGMOIDOSCOPY					55.29*	42.11*	44.77*	38.30*	33

OCCIDENTAL LIFE INS. CO. &

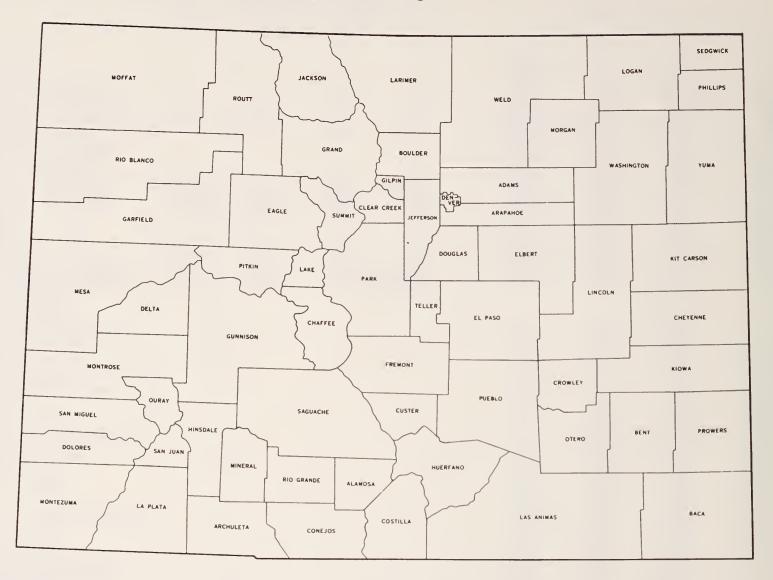
1981 PREVAILING CHARGE SUMMARY DATA CALIFORNIA PHYSICIANS SERVICE LOCALITY DESIGNATION FOR GENERAL PRACTICE

CALIFORNIA LOCALITY DESIGNATION FOR SPECIALIST

	LUCALITY	DESIGNATION	A FOR GENER	AL PRACTICE	LOCAL	ITT DESIGNA	TON TON SPI	CIALIST	
PRDCEDURE DESCRIPTION	PSRD-25	PSRD-26	PSR0-27	PSRD-28	PSR0-25	PSRD-26	PSR0-27	PSRD-28	
56 HEMDRRHDIOECTOMY					497.40*	497.40*	497.40*	447.66*	56
57 CHOLECYSTECTDMY					1107.00	961.64+	984.00	902.00	57
58 REPAIR HERNIA					829.00*	596.88*	563.72*	608.49*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	90.00	84.00	82.00	73.48*	90.00	77.43*	69.64*	70.96*	59
60 DILATION OF URETHRA					20.00	30.00	35.00	24.87*	60
61 PROSTATECTOMY - SUPRAPUBIC					1500.00	1326.40*	1326.40*	1326.40*	61
62 ELECTROSECTION-PROSTATE (TUR)	1695.64*	1365.56*	1300.00	1288.00	1525.36*	1293.24*	1160.60*	1193.76*	62
63 HYSTERECTDMY					1243.50*	1160.60*	1119.15*	1077.70*	63
64 INITIAL COMPLETE EYE EXAM					40.00	41.45*	46.42*	40.00	64
65 CDMPREHENSIVE EYE EXAM					46.00	39.79*	40.00*	39.79*	65
66 EYE EXAM WITH TONDMETRY					24.87*	16.58*	17.41*	16.58*	66
67 EXTRACTION OF LENS	1413.03*	1130.42*	1100.00	1073.90*	1409.30+	1109.20*	1077.70*	1100.00	67
68 CHEST X-RAY - SINGLE VIEW	25.00	24.87*	23.21*	24.00	28.19*	25.00	21.55*	24.87*	68
69 CHEST X-RAY - TWO VIEWS	37.00	36.48*	28.00	34.82*	33.16*	34.00	32.33*	34.82*	69
70 X-RAY SPINE					66.32*	68.81*	75.00	68.00	70
71 X-RAY HIP	00.00	04.04.	00.00	00.00	41.45*	42.00	36.48*	40.62*	71
72 X-RAY UPPER GI TRACT	82.90*	81.24*	82.90*	82.90*	81.00	80.41*	74.61*	81.00	72
73 X-RAY COLON	20.40+	22 04+	40 64+	22 04+	85.00	74.61*	66.00	74.61*	73
74 RADIATION THERAPY-LDW VOLT	36.18*	33.91+	48.61*	33.91*	36.81*	36.81*	36.81*	36.81*	74
75 RADIATION THERAPY-SUPER VOLT 76 RADIATION THERAPY-MEGAVOLT	49.18*	49.18*	48.00	55.00	46.42*	46.42*	53.06*	46.42*	75 76
77 CAT SCAN - HEAD							322.40*		77
78 CAT SCAN - ABDDMEN							421.60*		78
79 THREE CHEMISTRY TESTS					15.00	15.00	15.00	15.00	79
80 NINETEEN CHEMISTRY TESTS					20.00	17.00	35.00	20.00	80
81 CULTURE - DTHER THAN BLOOD					10.00	8.00	12.50	13.00	81
82 HEMOGLDBIN					4.00	6.00	5.00	5.00	82
83 AUTDMATED BLDOO COUNT					8.00	8.00	8.00	8.00	83
84 WHITE CELL COUNT					4.00	4.00	7.00L	4.00	84
85 COMPLETE BLOOD CDUNT (CBC)					11.00	10.00	13.00	11.00	85
86 CHDLESTERDL TEST					8.00L	7.00L	6.00L	8.00L	86
87 FLOCCULATION TEST					7.50	10.00	10.00	10.00	87
88 HEMATDCRIT					4.00	5.00	5.00	5.00	88
89 PLATELET COUNT (REES-ECKER)					12.00	9.00	8.00	8.50	89
90 PDTASSIUM TEST - BLDDD					9.10	9.00	9.50	8.00	90
91 PROTHROMBIN TIME TEST					8.00L	6.00L	6.00L	6.50L	91
92 SEOIMENTATION RATE					6.00L	5.00L	5.00L	5.00L	92
93 BLODD SUGAR					10.00	9.00	9.00	10.00	93
94 BUN-UREA - NITRDGEN					8.00L	6.05L	7.00	7.00L	94
95 URIC ACID					8.00L	6.00L	8.00	8.00L	95
96 FECES-OCCULT BLOOD-SCREENING					6.00	10.00	10.00	6.00	96
97 PAP TEST					13.00	14.00	13.00	9.50	97
98 ROUTINE URINALYSIS					5.00L	5.00L	5.00	5.00L	98
99 CHEMICAL URINALYSIS					5.00	5.00	3.00	5.00	99
100 PATHOLOGY - THREE SPECIMENS					30.00	25.00	22.00	22.00	100
101 ELEC MONITORING-PACEMAKER					52.50L	52.50L	63.24	52.50L	101
102 OONDR NEPHRECTDMY-UNILATERAL					16.00	16.00	1900.00	16.00	102
103 KIDNEY TRANSPLANT					29.00L	29.00L	2579.85	29.00L	103
104 HOSPITAL BEO - RENTAL					52.50	52.50	52.50	52.50	104
105 WALKER - RENTAL 106 WHEELCHAIR - RENTAL					22.50	22.50	22.50	22.50	105
107 LIQUIO OXYGEN - RENTAL					29.00	29.00	29.00	29.00	106 107
108 HOSPITAL BEO - PURCHASE					40.00 443.60	40.00 443.60	40.00 443.60	40.00 443.60	107
109 WALKER - PURCHASE					152.50	152.50	152.50	152.50	108
110 WHEELCHAIR - PURCHASE					225.00	225.00	225.00	225.00	110
TOROTHSE			30	ó	223.00	220.00	223.00	275.00	110
			,						

COLORADO

## **COLORADO**



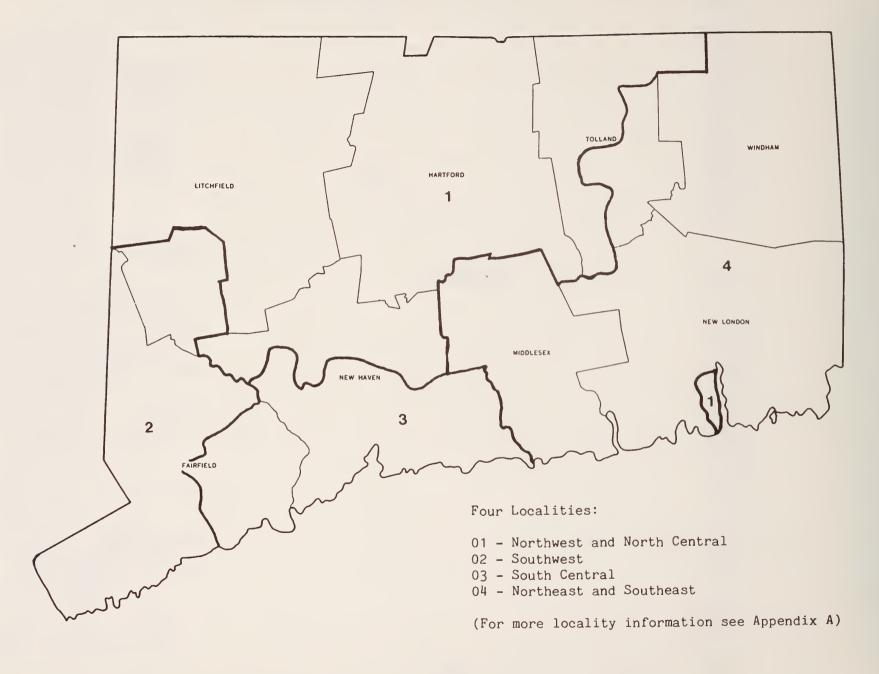
One Locality - Statewide

PROCEOURE DESCRIPTION	SINGLE	SINGLE	
1 INITIAL BRIEF OFFICE VISIT		40.70+	
2 INITIAL LIMITEO OFFICE VISIT	18.00	16.70*	1
	18.00	39.80*	2
3 INITIAL INTERMEO OFFICE VISIT	45.00	F2 .00.	3
4 INITIAL COMP OFFICE VISIT	45.00	58.00*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	8.00	6.00*	5
6 BRIEF FOLLOWUP OFFICE VISIT	9.90*	12.40*	6
7 LIMITEO FOLLOWUP OFFICE VISIT	11.60*	13.10*	7
8 INTERMEDIATE F/U OFFICE VISIT	15.00	16.70*	8
9 EXTENOEO F/U OFFICE VISIT	15.00	24.90*	9
10 COMP FOLLOWUP OFFICE VISIT	33.10*		10
11 BRIEF FOLLOWUP HOME VISIT	16.70*		11
12 LIMITEO FOLLOWUP HOME VISIT			12
13 INTERMOIATE F/U HOME VISIT	19.90*		13
14 EXTENDED CARE FACILITY VISIT		19.90*	14
15 BRIEF F/U NURSING HOME VISIT	11.60*	13.10*	15
16 INITIAL BRIEF HOSPITAL VISIT	30.00*	40.00	16
17 INIT INTERMEO HOSPITAL VISIT		41.40*	17
18 INITIAL COMP HOSPITAL VISIT	53.50	66.40*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	10.00*	13.10*	19
20 LIMITEO F/U HOSPITAL VISIT	16.10*	16.70*	20
21 INTERMEO F/U HOSPITAL VISIT			21
22 EXTENDED F/U HOSPITAL VISIT			22
23 BRIEF EMERGENCY ROOM VISIT			23
24 LIMITEO EMERGENCY ROOM VISIT			24
25 INTERMEO EMERGENCY ROOM VISIT			25
26 LIMITEO CONSULTATION	24.90*		26
27 EXTENSIVE CONSULTATION	24.30		27
28 COMPREHENSIVE CONSULTATION			28
29 PSYCHOTHERAPY-ONE HOUR			29
30 PSYCHOTHERAPY-HALF HOUR	0.00:		30
31 CHIROPRACTIC OFFICE VISIT	8.30*		31
32 INITIAL PHYSIOTHERAPY			32
33 F/U POOIATRIC OFFICE VISIT			33
34 ELECTROCARDIOGRAM (EKG)	23.90*		34
35 EKG-INTERPRET AND REPORT ONLY	10.00*		35
36 SPIROMETRY			36
37 ELECTROENCEPHALOGRAM (EEG)			37
38 CHEMOTHERAPY			38
39 COLLECTION OF SPECIMENS			39
40 DEBRIDEMENT OF NAILS			40
41 SKIN BIOPSY			41
42 CHEMOCAUTERY			42
43 RADICAL MASTECTOMY		648.00*	43
44 OPEN REDUCTION OF FRACTURE			44
45 ARTHROCENTESIS-MAJOR JOINT	20.00	24.90*	45
46 CORONARY ARTERY BYPASS		1872.30*	46
47 TOTAL ARTIFICIAL HIP REPLACE		995.00*	47
48 NEEOLE PUNCTURE OF BURSA		25.00	48
49 BRONCHOSCOPY		149.20*	49
50 THORACENTESIS		41.40*	50
51 CATHERIZATION OF HEART			51
52 INSERTION OF PACEMAKER			52
53 PARTIAL COLECTOMY			53
54 APPENOECTOMY	270.00*		54
55 SIGMOIOOSCOPY			55
		2.130	-

PROCEOURE DESCRIP	TION SINGLE	SINGLE	
56 HEMORRHOIOECTOMY		318.40*	56
57 CHOLECYSTECTOMY		696.50*	57
58 REPAIR HERNIA		348.20*	58
59 OIAGNOSTIC CYSTOURETH	HROSCOPY 56.00*	59.75*	59
60 OILATION OF URETHRA	30.00	16.70*	60
61 PROSTATECTOMY - SUPRA	APURIC	746.20*	61
62 ELECTROSECTION-PROSTA		746.20*	62
63 HYSTERECTOMY		845.80*	63
64 INITIAL COMPLETE EYE	FXAM	27.60*	64
65 COMPREHENSIVE EYE EXA		30.40	65
66 EYE EXAM WITH TONOME		14.60*	66
67 EXTRACTION OF LENS		696.50*	67
68 CHEST X-RAY - SINGLE	VIEW 20.00	16.70*	68
69 CHEST X-RAY - TWO VII		24.90*	69
70 X-RAY SPINE		33.10*	70
71 X-RAY HIP		29.50	71
72 X-RAY UPPER GI TRACT	16.70*	16.70*	72
73 X-RAY COLON		49.70*	73
74 RADIATION THERAPY-LOV	w volt		74
75 RADIATION THERAPY-SUR	PER VOLT		75
76 RADIATION THERAPY-MEG	GAVOLT		76
77 CAT SCAN - HEAD		95.10*	77
78 CAT SCAN - ABOOMEN			78
79 THREE CHEMISTRY TESTS	S '		79
80 NINETEEN CHEMISTRY TI	ESTS		80
81 CULTURE - OTHER THAN	BL000	11.60*	81
82 HEMOGLOBIN		2.50L	82
83 AUTOMATEO BLOOD COUNT	T	10.50	83
84 WHITE CELL COUNT		3.00L	84
85 COMPLETE BLOOD COUNT	(CBC)	7.00L	85
86 CHOLESTEROL TEST		8.00L	86
87 FLOCCULATION TEST		3.00	87
88 HEMATOCRIT		3.00L	88
89 PLATELET COUNT (REES		7.40	89
90 POTASSIUM TEST - BLOC		9.50	90
91 PROTHROMBIN TIME TEST		5.00*	91
92 SEOIMENTATION RATE		4.50L	92
93 BLOOD SUGAR		7.00L	93
94 BUN-UREA - NITROGEN		7.00L	94
95 URIC ACIO	CREENING	7.50L	95
96 FECES-OCCULT BLOOD-SC	CREENING	3.00	96
97 PAP TEST		7.00L	97
98 ROUTINE URINALYSIS 99 CHEMICAL URINALYSIS		4.50L	98
100 PATHOLOGY - THREE SPI	ECIMENC	24 00	99
101 ELEC MONITORING-PACE		21.00 25.80*	100
102 DONOR NEPHRECTOMY-UNI		995.00*	102
103 KIONEY TRANSPLANT	* En l'Eline	550,00	103
104 HOSPITAL BEO - RENTAL	L	40.00	103
105 WALKER - RENTAL		14.00	105
106 WHEELCHAIR - RENTAL		25.00	106
107 LIQUIO OXYGEN - RENTA	AL	84.00	107
108 HOSPITAL BED - PURCHA		350.00L	108
109 WALKER - PURCHASE		45.10	109
110 WHEELCHAIR - PURCHASI	E		110

CONNECTICUT

## CONNECTICUT

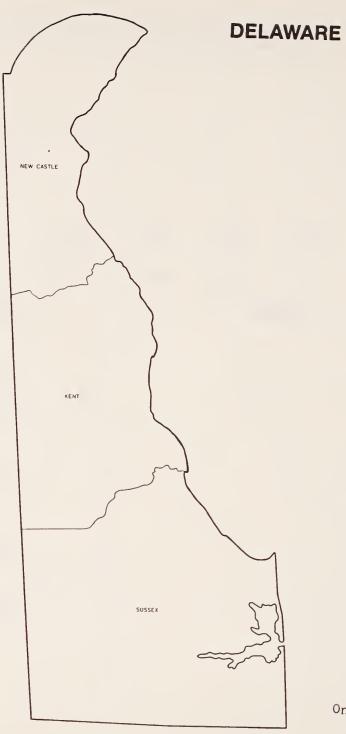


RY OATA CONNECTICUT GENERAL LIFE INS. CONNECTICUT
LOCALITY DESIGNATION FOR GENERAL PRACTICE LOCALITY DESIGNATION FOR SPECIALIST 1981 PREVAILING CHARGE SUMMARY DATA CONNECTICUT GENERAL LIFE INS.

	LUCALITY DESIGNATION FOR GENERAL PRACTICE		LUCALITY DESIGNATION FOR SPECIALIST						
PROCEOURE DESCRIPTION	I	11	III	IA	I	II	III	IV	
1 INITIAL BRIEF OFFICE VISIT					24.80*	30.00	24.80*	24.80*	1
2 INITIAL LIMITEO OFFICE VISIT	41.40*	40.00	33.10*	33.10*	49.70*	49.70*	49.70*	40.00	2
3 INITIAL INTERMED OFFICE VISIT									3
4 INITIAL COMP OFFICE VISIT		35.00	35.00	35.00	58.00*	60.00	50.00	35.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT	8.30*	9.00	8.30*	6.60*	8.30*	8.30*	8.30*	8.30*	5
6 BRIEF FOLLOWUP OFFICE VISIT	14.90*	16.70*	16.60*	13.20*	16.60*	19.90*	16.60*	16.60*	6
7 LIMITEO FOLLOWUP OFFICE VISIT	20.00	15.00	20.00	15.00	18.00	24.80*	20.00	20.00	7
8 INTERMEDIATE F/U OFFICE VISIT	20.00	17.70*	30.00		25.00	30.00	25.00	17.00	8
9 EXTENDED F/U OFFICE VISIT	22.00	20.00	24.80*	25.00	25.00	25.00	25.00	20.00	9
10 COMP FOLLOWUP OFFICE VISIT 11 BRIEF FOLLOWUP HOME VISIT	35.00 19.90*	35.00 24.80*	35.00 19.90*	35.00 19.90*	35.00 24.80*	49.70* 33.10*	55.00 24.80*	35.00 19.90*	10 11
12 LIMITEO FOLLOWUP HOME VISIT	13.30*	24.80*	13.30*	19.50*	25.00	33.10*	25.00	25.00	12
13 INTERMOIATE F/U HOME VISIT					23.00	33.10*	23.00	23.00	13
14 EXTENDED CARE FACILITY VISIT									14
15 BRIEF F/U NURSING HOME VISIT	16.60*	19.90*	16.60*	16.00	19.90*	24.80*	20.00	15.00	15
16 INITIAL BRIEF HOSPITAL VISIT	28.50	28.50	28.50	28.50	35.00	58.00*	25.00	40.00	16
17 INIT INTERMED HOSPITAL VISIT					54.00	58.00*	58.00*	41.40*	17
18 INITIAL COMP HOSPITAL VISIT	50.00	50.00	60.00*	50.00	60.00	65.00	60.00	60.00	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	16.60*	16.60*	16.60*	16.60*	16.60*	24.80*	16.60*	16.60*	19
20 LIMITED F/U HOSPITAL VISIT	15.00	24.80*	15.00	19.90*	20.00	25.00*	24.80*	20.00	20
21 INTERMED F/U HOSPITAL VISIT									21
22 EXTENDED F/U HOSPITAL VISIT					22.00	26.10*	20.00	20.00	22
23 BRIEF EMERGENCY ROOM VISIT					25.00			25 22	23
24 LIMITEO EMERGENCY ROOM VISIT					25.00	35.00	30.00	25.00	24
25 INTERMEO EMERGENCY ROOM VISIT	35 00	35 00	44 40+	20.00	E0.00	75.00	E0 00	EO 00	25
26 LIMITEO CONSULTATION 27 EXTENSIVE CONSULTATION	35.00	35.00	41.40*	30.00	50.00 60.00	75.00 75.00	50.00 65.00	50.00 60.00	26 27
28 COMPREHENSIVE CONSULTATION					75.00	90.00	75.00	66.20*	28
29 PSYCHOTHERAPY-ONE HOUR					47.30*	58.00*	55.00	41.40*	29
30 PSYCHOTHERAPY-HALF HOUR					23.70*	32.60*	29.90*	24.40*	30
31 CHIROPRACTIC OFFICE VISIT	13.30*	16.10*	15.30*	13.60*					31
32 INITIAL PHYSIOTHERAPY					15.75*	20.00	16.60*	13.20*	32
33 F/U POOIATRIC OFFICE VISIT									33
34 ELECTROCAROIOGRAM (EKG)	24.80*	24.80*	24.80*	24.80*	24.80*	28.00	24.80*	24.80*	34
35 EKG-INTERPRET AND REPORT ONLY	10.00		18.00		8.00	8.00	5.00	8.00	35
36 SPIROMETRY					20.00	20.00*	20.00	15.00	36
37 ELECTROENCEPHALOGRAM (EEG)					75.00	52 30*	59.70*	75.00	37
38 CHEMOTHERAPY					2.00	2 00	2.00	2.00	38
39 COLLECTION OF SPECIMENS					3.00 23.50*	3.00 25.00	3.00 25.00	3.00 23.20*	39 40
40 DEBRIOEMENT OF NAILS					35.00	45.00	35.00	30.00	41
41 SKIN BIOPSY 42 CHEMOCAUTERY					30.00	24.80*	25.00	30.00	42
43 RADICAL MASTECTOMY					580.20*	828.90*	911.90*	50.00	43
44 OPEN REDUCTION OF FRACTURE					795.80*	828.90*	994.70*	795.80*	44
45 ARTHROCENTESIS-MAJOR JOINT	20.00	17.00	24.80*	20.00	20.00	20.00	24.80*	24.80*	45
46 CORONARY ARTERY BYPASS					3800.00		3734.40*		46
47 TOTAL ARTIFICIAL HIP REPLACE					953.30*	1140.50*	1200.00	928.50*	47
48 NEEOLE PUNCTURE OF BURSA									48
49 BRONCHOSCOPY					200.00	248.70*	248.70*	175.00*	49
50 THORACENTESIS					45.00	50.00	30.00	30.00	50
51 CATHERIZATION OF HEART					475.00	450.00	450.00	200 00 1	51
52 INSERTION OF PACEMAKER					800.00	800.00	800.00	800.00	52
53 PARTIAL COLECTOMY	00.00				872.00	1200.00	1040.00	770.00	53 54
54 APPENDECTOMY	90.00				400.00	495.00 35.00	495.00 33.10*	414.50*1 30.00	54 55
55 SIGMOIOOSCOPY					30.00	33.00	33.10*	30.00	33

	1981 PREVAILING CHARGE SUMMARY		DNNECTICUT DESIGNATIDN				NECTICUT TY DESIGNAT	TIDN FDR SPE	CIALIST	
	PROCEDURE DESCRIPTION	I	II	III	IV	I	II	III	IV	
56	HEMDRRHDIDECTDMY					305.00	475.00	381.30*	265.00	56
57	CHOLECYSTECTOMY					650.00	800.00	746.10*	115.00	57
58	REPAIR HERNIA					400.00	580.30*	497.30*	360.00	58
59	DIAGNOSTIC CYSTDURETHROSCOPY	75.00				75.00	82.90*	75.00	66.20*	59
60	DILATION DF URETHRA					24.80*	24.80*	24.80*	20.00	60
61	PROSTATECTOMY - SUPRAPUBIC					795.80*	1077.60*	930.00	746.10*	61
62	ELECTROSECTION-PROSTATE (TUR)					795.80*	1077.60*	828.90*	825.00	62
63	HYSTERECTOMY					750.00	1160.50*	828.90*	746.10*	63
64	INITIAL COMPLETE EYE EXAM									64
65	COMPREHENSIVE EYE EXAM					28.00	32.00	32.00	28.00	65
	EYE EXAM WITH TDNOMETRY					20.00	20.00	20.00	20.00	66
67	EXTRACTION OF LENS					828.90*	1000.00	828.90*	800.00	67
68	CHEST X-RAY - SINGLE VIEW	22.00	24.80*	22.00	16.60*	21.60*	26.10*	16.60+	16.60*	68
69	CHEST X-RAY - TWO VIEWS	25.00	33.10*	23.00	22.00	31.00	33.00	29.00	24.80*	69
70	X-RAY SPINE					57.00	64.00	58.00*	49.70*	70
71	X-RAY HIP					35.00	35.00	35.00	30.00	71
72	X-RAY UPPER GI TRACT	70.00	70.00	70.00	70.00	74.50*	87.80*	74.50*	70.00	72
73	X-RAY COLON					74.50*	82.90*	70.00	64.00	73
74	RADIATION THERAPY-LOW VOLT					19.90*	24.80+	24.80*		74
75	RADIATION THERAPY-SUPER VOLT					19.90*	16.60*	35.00	21.30	75
76	RADIATION THERAPY-MEGAVOLT									76
77	CAT SCAN - HEAD									77
78	CAT SCAN - ABOOMEN									78
79	THREE CHEMISTRY TESTS									79
80	NINETEEN CHEMISTRY TESTS									80
81	CULTURE - OTHER THAN BLOOD					9.60	15.00	10.00	10.00	81
	HEMDGLDBIN					2.50L	2.00L	2.00L	3.00L	82
83	AUTOMATED BLDDD CDUNT					8.65L	10.00L	8.00L	9.00L	83
	WHITE CELL COUNT					3.50L	5.00L	3.55L	2.50L	84
85	COMPLETE BLODD COUNT (CBC)									85
86	CHDLESTEROL TEST					6.00L	6.00L	6.00L	7.00L	86
87	FLDCCULATION TEST					6.00	7.00	6.00	6.00	87
88	HEMATDORIT									88
89	PLATELET CDUNT (REES-ECKER)					6.00	8.00	5.00	5.00	89
90	PDTASSIUM TEST - BLOOD					7.00	ь.00	7.00	7.00	90
91	PROTHROMBIN TIME TEST					6.50L	6.00L	6.00L	6.00L	91
92	SEDIMENTATION RATE					4.00L	5.00L	5.00L	4.50L	92
93	BLOOD SUGAR					6.00L	5.00L	6.00L	6.00L	93
94	BUN-UREA - NITROGEN					7.00L	6.00L	6.00L	7.00L	94
95	URIC ACID					7.00L	6.00L	6.00L	7.00L	95
96	FECES-OCCULT BLOOD-SCREENING					3.00	5.00	3.00	3.00	96
97	PAP TEST					5.00L	5.00L	6.00L	5.00L	97
98	ROUTINE URINALYSIS					3.65L	5.00L	4.00L	4.00L	98
99	CHEMICAL URINALYSIS					3.00		4.00	4.00	99
100	PATHOLOGY - THREE SPECIMENS					20.00	25.00	25.00	20.00	100
101	ELEC MONITORING-PACEMAKER									101
102	DONOR NEPHRECTDMY-UNILATERAL					850.00 P		920.00 P		102
	KIDNEY TRANSPLANT									103
	HOSPITAL BED - RENTAL					53.50L	64.20	69.55*	60.00	104
	WALKER - RENTAL					19.00	12.00	12.90	20.30	105
	WHEELCHAIR - RENTAL					20.00L	30.00*	20.00*	25.00+	106
	LIQUID OXYGEN - RENTAL									107
	HDSPITAL BED - PURCHASE					588.50	631.70	631.70		108
	WALKER - PURCHASE					37.00	12.00	34.75	37.50	109
110	WHEELCHAIR - PURCHASE					252.60*	250.00*	279.00*	230.00*	110

DELAWARE



One Locality- Statewide

#### (EFFECTIVE OCTOBER 1, 1981 PENNSYLVANIA BLUE SHIELD BECAME THE MEDICARE CONTRACTOR)

1981 PREVAILING CHARGE SUMMARY OATA B/C-B/S OF OELAWARE

LOCALITY DESIGNATION FOR GENERAL PRACTICE

LOCALITY DESIGNATION FOR SPECIALIST

	PROCEOURE DESCRIPTION	SINGLE	SINGLE	
4	INITIAL BRIEF OFFICE VISIT		15.00	1
	INITIAL LIMITEO OFFICE VISIT	11.60*	15.00	2
	INITIAL INTERMEO OFFICE VISIT	11,00	20.00	3
	INITIAL COMP OFFICE VISIT	35.00	58.00*	4
	MINIMAL FOLLOWUP OFFICE VISIT	11.60*	15.00	5
	BRIEF FOLLOWUP OFFICE VISIT	15.00	20.00	6
	LIMITED FOLLOWUP OFFICE VISIT	15.00	20.00	6 7
	INTERMEDIATE F/U OFFICE VISIT	15.00	20.00	8
	EXTENDED F/U OFFICE VISIT	15.00	35.00	9
	COMP FOLLOWUP OFFICE VISIT	35.00	58.00*	10
	BRIEF FOLLOWUP HOME VISIT	16.60*	16.60*	11
12	LIMITEO FOLLOWUP HOME VISIT		19.90*	12
13	INTERMOIATE F/U HOME VISIT	19.90*	19.90*	13
14	EXTENDED CARE FACILITY VISIT		24.90*	14
15	BRIEF F/U NURSING HOME VISIT	11.60*	15.00	15
16	INITIAL BRIEF HOSPITAL VISIT	33.20*	41.50*	16
	INIT INTERMED HOSPITAL VISIT		58.00*	17
18	INITIAL COMP HOSPITAL VISIT	49.70*	70.00	18
19	BRIEF FOLLOWUP HOSPITAL VISIT	11.60*	16.60*	19
20	LIMITEO F/U HOSPITAL VISIT	16.60*	35.00	20
	INTERMEO F/U HOSPITAL VISIT	16.60*	19.90*	21
	EXTENDED F/U HOSPITAL VISIT		26.50*	22
23	BRIEF EMERGENCY ROOM VISIT		30.80*	23
	LIMITEO EMERGENCY ROOM VISIT		30.80*	24
	INTERMED EMERGENCY ROOM VISIT		20.50*	25
	LIMITEO CONSULTATION	24.90*	41.50*	26
	EXTENSIVE CONSULTATION		58.00*	27
	COMPREHENSIVE CONSULTATION		75.00	28
	PSYCHOTHERAPY-ONE HOUR		49.70*	29
	PSYCHOTHERAPY-HALF HOUR		24.90*	30
	CHIROPRACTIC OFFICE VISIT	10.70*	15.00	31
	INITIAL PHYSIOTHERAPY		12.50*	32
	F/U PODIATRIC OFFICE VISIT		15.00	33
	ELECTROCAROIOGRAM (EKG)	27.00	27.00	34
	EKG-INTERPRET AND REPORT ONLY	20.00	20.00	35
	SPIROMETRY		30.00	36
	ELECTROENCEPHALOGRAM (EEG)		93.50	37
	CHEMOTHERAPY		50.00	38
	COLLECTION OF SPECIMENS		5.00	39
	DEBRIDEMENT OF NAILS		41.50*	40
	SKIN BIOPSY		24.90*	41
	CHEMOCAUTERY		24.90*	42
	RADICAL MASTECTOMY		875.90*	43
	OPEN REDUCTION OF FRACTURE		1094.30*	44
	ARTHROCENTESIS-MAJOR JOINT	24.90*	41.50*	45
46	CORONARY ARTERY BYPASS			46
	TOTAL ARTIFICIAL HIP REPLACE		2181.00*	47
	NEEDLE PUNCTURE OF BURSA		23.20*	48
49	BRONCHOSCOPY		330.00	49
	THORACENTESIS		63.00	50
5 1	CATHERIZATION OF HEART		455.00	51
	INSERTION OF PACEMAKER		1037.80*	52
	PARTIAL COLECTOMY		1243.50*	53
	APPENOECTOMY	373.10*	373.10*	54
55	SIGMOIOOSCOPY		41.50*	55

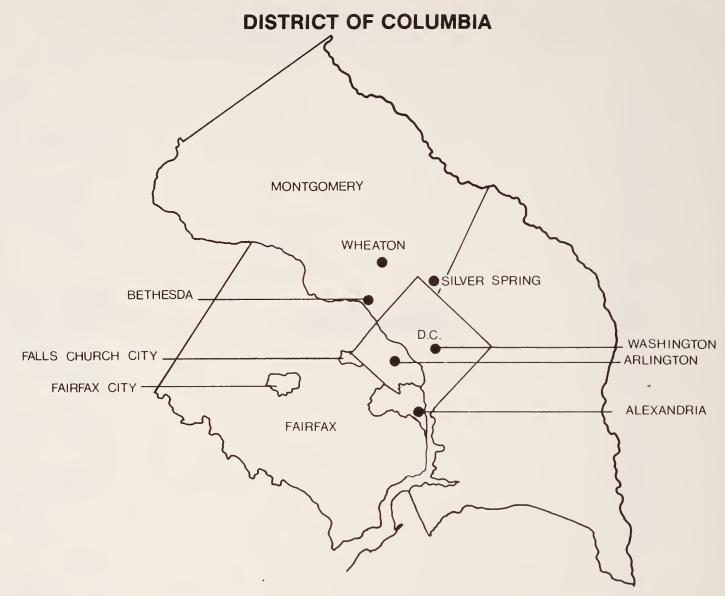
#### (EFFECTIVE OCTOBER 1, 1981 PENNSYLVANIA BLUE SHIELD BECAME THE MEDICARE CONTRACTOR)

1981 PREVAILING CHARGE SUMMARY DATA B/C-B/S OF DELAWARE

OELAWARE LOCALITY DESIGNATION FOR GENERAL PRACTICE LOCALITY DESIGNATION FOR SPECIALIST

PROCEOURE DESCRIPTION	SINGLE	SINGLE	
56 HEMORRHOIOECTOMY		331.60*	56
57 CHOLECYSTECTOMY		580.30*	57
58 REPAIR HERNIA		373.10*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	87.20*	82.90*	59
60 DILATION OF URETHRA		24.90*	60
61 PROSTATECTOMY - SUPRAPUBIC		829.00*	61
62 ELECTROSECTION-PROSTATE (TUR)		829.00*	62
63 HYSTERECTOMY		722.60*	63
64 INITIAL COMPLETE EYE EXAM		30.00	64
65 COMPREHENSIVE EYE EXAM		16.75	65
66 EYE EXAM WITH TONOMETRY		16.60*	66
67 EXTRACTION OF LENS		746.10*	67
68 CHEST X-RAY - SINGLE VIEW	18.20*	21.00	68
69 CHEST X-RAY - TWO VIEWS	26.50*	31.50*	69
70 X-RAY SPINE		33.00	70
71 X-RAY HIP		31.50*	71
72 X-RAY UPPER GI TRACT	66.30*	75.00	72
73 X-RAY COLON		71.30*	73
74 RADIATION THERAPY-LOW VOLT		18.40	74
75 RADIATION THERAPY-SUPER VOLT		18.40	75
76 RADIATION THERAPY-MEGAVOLT		18.40	76
77 CAT SCAN - HEAD		275.00	77
78 CAT SCAN - ABOOMEN		275.00	78
79 THREE CHEMISTRY TESTS		28.00	79
80 NINETEEN CHEMISTRY TESTS		19.50	80
81 CULTURE - OTHER THAN BLOOD		16.00	81
82 HEMOGLOBIN		3.25L	82
83 AUTOMATEO BLOOD COUNT			83
84 WHITE CELL COUNT		3.00L	84
85 COMPLETE BLOOD COUNT (CBC)		9.00	85
86 CHOLESTEROL TEST		6.50L	86
87 FLOCCULATION TEST		5.00	87
88 HEMATOCRIT		3.00	88
89 PLATELET COUNT (REES-ECKER)		6.50	89
90 POTASSIUM TEST - BLOOD		5.50	90
91 PROTHROMBIN TIME TEST		6.00	91
92 SEDIMENTATION RATE		4.00	92
93 BLOOD SUGAR		5.50	93
94 BUN-UREA - NITROGEN		5.50L	94
95 URIC ACIO		6.60L	95
96 FECES-OCCULT BLOOD-SCREENING		4.00	96
97 PAP TEST		6.00L	97
98 ROUTINE URINALYSIS 99 CHEMICAL URINALYSIS		3.75L	98
		45.00	99
100 PATHOLOGY - THREE SPECIMENS 101 ELEC MONITORING-PACEMAKER		15.00	100
102 OONOR NEPHRECTOMY-UNILATERAL			101 102
103 KIONEY TRANSPLANT			103
104 HOSPITAL BED - RENTAL		40.00L	103
105 WALKER - RENTAL	•	12.00	105
106 WHEELCHAIR - RENTAL		25.00L	106
107 LIQUIO OXYGEN - RENTAL		25.00	107
108 HOSPITAL BEO - PURCHASE		525.00L	108
109 WALKER - PURCHASE		39.95	109
110 WHEELCHAIR - PURCHASE		265.95L	110
		200.002	

DISTRICT OF COLUMBIA



#### One Locality:

Washington Metropolitan Area, includes Washington, D.C.: Prince George's and Montgomery Counties in Maryland; Fairfax and Arlington Counties in Virginia and the city of Alexandria Virginia

# (EFFECTIVE OCTOBER 1, 1981 PENNSYLVANIA BLUE SHIELD BECAME THE MEDICARE CONTRACTOR) 1981 PREVAILING CHARGE SUMMARY DATA MEDICAL SERVICE OF D.C. WASHINGTON D.C. LOCALITY DESIGNATION FOR GENERAL PRACTICE LOCALITY DESIGNATION FOR SPECIALIST

PROCEOURE DESCRIPTION	SINGLE	SINGLE	
PROCEGORE OF SCRIFTION	STINGLE	21/10[[	
1 INITIAL BRIEF OFFICE VIS	IT	16.70*	1
2 INITIAL LIMITEO OFFICE V	ISIT 15.00*	16.70*	2
3 INITIAL INTERMED OFFICE	VISIT	24.00*	3
4 INITIAL COMP OFFICE VISI	T 60.00*	66.30*	4
5 MINIMAL FOLLOWUP OFFICE	VISIT 15.00*	16.70*	5
6 BRIEF FOLLOWUP OFFICE VI	SIT 15.00*	16.70*	6
7 LIMITEO FOLLOWUP OFFICE	VISIT 15.00*	16.70*	7
8 INTERMEDIATE F/U OFFICE	VISIT 20.00*	24.00*	8
9 EXTENDED F/U OFFICE VISI	T 24.80*	30.00*	9
10 COMP FOLLOWUP OFFICE VIS		49.70*	10
11 BRIEF FOLLOWUP HOME VISI		16.00*	11
12 LIMITEO FOLLOWUP HOME VI		16.00*	12
13 INTERMOTATE F/U HOME VIS		25.00*	13
14 EXTENDED CARE FACILITY V		24.80*	14
15 BRIEF F/U NURSING HOME V		16.70*	. 15
16 INITIAL BRIEF HOSPITAL V		58.00*	16
17 INIT INTERMED HOSPITAL V		36.00*	17
		92 90+	
18 INITIAL COMP HOSPITAL VI		82.80*	18
19 BRIEF FOLLOWUP HOSPITAL		19.90*	19
20 LIMITEO F/U HOSPITAL VIS		19.90*	20
21 INTERMEO F/U HOSPITAL VI		24.80*	21
22 EXTENDED F/U HOSPITAL VI		33.10*	22
23 BRIEF EMERGENCY ROOM VIS		21.00*	23
24 LIMITED EMERGENCY ROOM V		21.00*	24
25 INTERMED EMERGENCY ROOM		30.00*	25
26 LIMITED CONSULTATION	50.00*	80.00*	26
27 EXTENSIVE CONSULTATION		82.80*	27
28 COMPREHENSIVE CONSULTATION	DN	82.80*	28
29 PSYCHOTHERAPY-ONE HOUR		50.00*	29
30 PSYCHOTHERAPY-HALF HOUR		35.00*	30
31 CHIROPRACTIC OFFICE VISI	T 17.50	12.80*	31
32 INITIAL PHYSIOTHERAPY		22.00*	32
33 F/U POOIATRIC OFFICE VIS	ΙΤ	16.70*	33
34 ELECTROCARDIOGRAM (EKG)	30.00*	30.00*	34
35 EKG-INTERPRET AND REPORT		15.00*	35
36 SPIROMETRY		30.00*	36
37 ELECTROENCEPHALOGRAM (EE	G)	71.20*	37
38 CHEMOTHERAPY	-,	17.70*	38
39 COLLECTION OF SPECIMENS		3.00*	39
40 DEBRIDEMENT OF NAILS		18,00*	40
41 SKIN BIOPSY		46.40*	41
42 CHEMOCAUTERY		10.10	42
43 RADICAL MASTECTOMY		663.20*	43
44 OPEN REDUCTION OF FRACTU	DE	829.00	44
45 ARTHROCENTESIS-MAJOR JOI		25.00*	45
	24.80*	2790.00	46
46 CORONARY ARTERY BYPASS	LACE	2227.90*	47
47 TOTAL ARTIFICIAL HIP REP	LAGE		48
48 NEEOLE PUNCTURE OF BURSA		25.00*	
49 BRONCHOSCOPY		207.20*	49
50 THORACENTESIS		58.00*	50
51 CATHERIZATION OF HEART		4440.00	51
52 INSERTION OF PACEMAKER		1148.00*	52
53 PARTIAL COLECTOMY	***	1243.40*	53
54 APPENDECTOMY	414.40*	414.40*	54
55 SIGMOIOOSCOPY		41.40*	55

### (EFFECTIVE OCTOBER 1, 1981 PENNSYLVANIA BLUE SHIELD BECAME THE MEDICARE CONTRACTOR)

1981 PREVAILING CHARGE SUMMARY DATA MEDICAL SERVICE OF D.C.

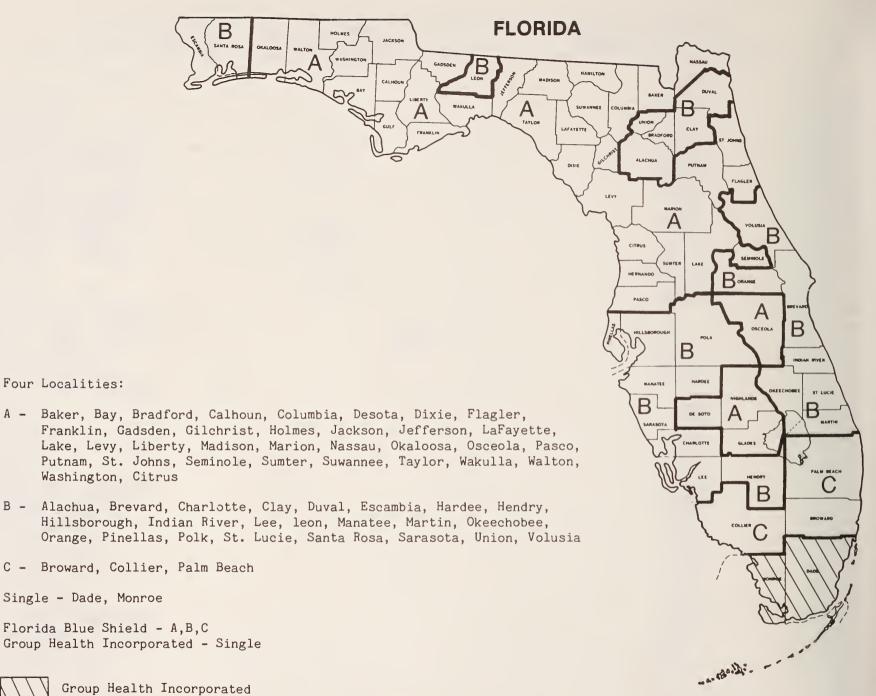
WASHINGTON D.C.

LDCALITY DESIGNATION FOR SPECIALIST LDCALITY DESIGNATION FOR GENERAL PRACTICE

	PROCEDURE DESCRIPTION	SINGLE	SINGLE	
5.0	HEMDRRHOIDECTDMY		497.40*	56
			679.80*	57
	CHOLECYSTECTOMY			
	REPAIR HERNIA	404 40:	497.40*	58
	DIAGNOSTIC CYSTOURETHROSCOPY	124.40*	116.40	59
	DILATION OF URETHRA		24.80*	60
	PROSTATECTOMY - SUPRAPUBIC		738.10*	61
	ELECTROSECTION-PROSTATE (TUR)	1293.60	1050.00*	62
63	HYSTERECTOMY		829.00*	63
64	INITIAL COMPLETE EYE EXAM		33, 10*	64
65	COMPREHENSIVE EYE EXAM		33.10*	65
66	EYE EXAM WITH TONOMETRY		15.00*	66
67	EXTRACTION OF LENS	1155.00	870.30*	67
68	CHEST X-RAY - SINGLE VIEW	21.00*	19.90*	68
69	CHEST X-RAY - TWD VIEWS	27.40*	27.40*	69
	X-RAY SPINE		49.70*	70
71	X-RAY HIP		33.10*	71
	X-RAY UPPER GI TRACT	60.00*	74.50*	72
	X-RAY COLON		78.00*	73
	RADIATION THERAPY-LOW VOLT		,5100	74
	RADIATION THERAPY-SUPER VOLT			75
	RADIATION THERAPY-MEGAVOLT			76
	CAT SCAN - HEAD		395.00*	77
	CAT SCAN - ABDDMEN		470.00*	78
	THREE CHEMISTRY TESTS		18.00	79
	NINETEEN CHEMISTRY TESTS		20.00*	80
	CULTURE - OTHER THAN BLDDD			81
	HEMDGLDBIN		6.00L	82
	AUTDMATED BLOOD COUNT		10.00*	83
	WHITE CELL COUNT		5.00L	84
	COMPLETE BLOOD COUNT (CBC)		8.00L	85
	CHOLESTEROL TEST		6.00L	86
	FLDCCULATION TEST		•	87
	HEMATOCRIT		4.00L	88
89	PLATELET CDUNT (REES-ECKER)		6.00*	89
90	POTASSIUM TEST - BLOOD		7.50L	90
91	PROTHROMBIN TIME TEST		5.50L	91
92	SEDIMENTATION RATE		4.00L	92
93	BLODD SUGAR		6.00L	93
94	BUN-UREA - NITROGEN		6.00L	94
95	URIC ACID		6.00L	95
96	FECES-DCCULT BLODD-SCREENING		4.00*	96
	PAP TEST		8.00L	97
98	ROUTINE URINALYSIS		5.00L	98
99	CHEMICAL URINALYSIS		5.00*	99
	PATHDLOGY - THREE SPECIMENS		17.00*P	100
	ELEC MONITORING-PACEMAKER		85.00*	101
	DONOR NEPHRECTOMY-UNILATERAL		1089.00	102
	KIDNEY TRANSPLANT		2453.00	103
	HDSPITAL BED - RENTAL		53.00L	104
	WALKER - RENTAL		12.50	105
	WHEELCHAIR - RENTAL		28.50L	106
	LIQUID OXYGEN - RENTAL		20.300	107
	HDSPITAL BED - PURCHASE		350.00L	108
	WALKER - PURCHASE		42.95	109
	WHEELCHAIR - PURCHASE		42.95 229.00L	110
	WILLES HAIR TOROTHOL	52	225.00L	110

52

FLORIDA



Florida Blue Shield - A,B,C Group Health Incorporated - Single

Four Localities:

Group Health Incorporated

PROCEDURE DESCRIPTION	AREA A	AREA B	AREA C	
A THIRTH BOTTE OFFICE WASTE				
1 INITIAL BRIEF OFFICE VISIT	20.00	25.00	25.00	1
2 INITIAL LIMITED OFFICE VISIT	20.00	25.00	26.00	2
3 INITIAL INTERMED OFFICE VISIT	25.00	27.00	35.00	3
4 INITIAL COMP OFFICE VISIT	40.00	49.70*	50.00*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	7.80*	9.30*	8.00	5
6 BRIEF FOLLOWUP OFFICE VISIT	15.00	16.00	16.50*	6
7 LIMITEO FOLLOWUP OFFICE VISIT	15.00	16.50*	16.50*	7
8 INTERMEDIATE F/U OFFICE VISIT	17.00	20.00	25.00	8
9 EXTENDEO F/U OFFICE VISIT	20.00	22.00	25.00	9
10 COMP FOLLOWUP OFFICE VISIT	30.00	45.00	45.00	10
11 BRIEF FOLLOWUP HOME VISIT	24.90*	24.90*	25.00	11
12 LIMITED FOLLOWUP HOME VISIT	15.00	20.00	30.00	12
13 INTERMDIATE F/U HOME VISIT	20.00	25.00	35.00	13
14 EXTENDED CARE FACILITY VISIT	15.00	20.00	25.00	14
15 BRIEF F/U NURSING HOME VISIT	14.40*	16.90*	19.90*	15
16 INITIAL BRIEF HOSPITAL VISIT	40.00	50.00	50.00	16
17 INIT INTERMEO HOSPITAL VISIT	50.00	55.00	60.00	17
18 INITIAL COMP HOSPITAL VISIT	49.70*	58.10*	75.00	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	16.00	19.90*	20.00	19
20 LIMITEO F/U HOSPITAL VISIT	18.30*	19.90*	25.00	20
21 INTERMEO F/U HOSPITAL VISIT	20.00	22.00	30.00	21
22 EXTENDEO F/U HOSPITAL VISIT	25.00	25.00	30.00	22
23 BRIEF EMERGENCY ROOM VISIT	20.00	20.00	20.50	23
24 LIMITEO EMERGENCY ROOM VISIT	23.00	25.00	20.00	24
25 INTERMEO EMERGENCY ROOM VISIT	25.00	30.00	30.00	25
26 LIMITEO CONSULTATION	32.30*	38.10*	44.80*	26
27 EXTENSIVE CONSULTATION	50.00	59.70*	60.00	27
28 COMPREHENSIVE CONSULTATION	65.00	70.00	80.00	28
29 PSYCHOTHERAPY-ONE HOUR	45.00	55.00	66.30*	29
30 PSYCHOTHERAPY-HALF HOUR	30.00	35.00	40.00	30
31 CHIROPRACTIC OFFICE VISIT		14.40*	15.40*	31
32 INITIAL PHYSIOTHERAPY	14.00	15.00	15.00	32
33 F/U PODIATRIC OFFICE VISIT	15.00	16.50*	16.50*	33
34 ELECTROCAROIOGRAM (EKG)	24.90*	24.90*	30.00	34
35 EKG-INTERPRET AND REPORT ONLY	12.50	15.00	14.00	35
36 SPIROMETRY	35.00	35.00	35.00	36
37 ELECTROENCEPHALOGRAM (EEG)	83.00*	83.00*	83.00*	37
38 CHEMOTHERAPY	33.33	00.00	00.00	38
39 COLLECTION OF SPECIMENS	25.00	25.00	25.00	39
40 DEBRIDEMENT OF NAILS	18.00	20.00	18.00	40
41 SKIN BIOPSY	10:00	20.00	10.00	41
42 CHEMOCAUTERY	5.00*	5.30*	5.90*	42
43 RADICAL MASTECTOMY	857.20*	886.80*	950.20*	43
44 OPEN REDUCTION OF FRACTURE	1143.00*	1182.40*	1266.90*	44
	23.25*	24.90*	24.90*	45
45 ARTHROCENTESIS-MAJOR JOINT				46
46 CORONARY ARTERY BYPASS	3000.00 2000.00	3000.00	3438.50* 2352.80*	47
47 TOTAL ARTIFICIAL HIP REPLACE		2160.00		47
48 NEEOLE PUNCTURE OF BURSA	20.40*	21.10*	20.00	48 49
49 BRONCHOSCOPY	220.00	207.20*	207.20*	
50 THORACENTESIS	36.80*	38.00*	41.30*	50
51 CATHERIZATION OF HEART	563.70*	575.00	575.00	51
52 INSERTION OF PACEMAKER	1215.00	1120.00	1200.00	52
53 PARTIAL COLECTOMY	829.00*	911.90*	1085.90*	53
54 APPENOECTOMY	00 ==	04 40	400.00	54
55 SIGMOIOOSCOPY	88.70*	94.10*	100.00	55

PROCEOURE DESCRIPTION	AREA A	AREA B	AREA C	
56 HEMORRHOIOECTOMY	414.50*	470.00	497.40*	56
57 CHOLECYSTECTOMY	663.20*	712.90*	829.00*	57
58 REPAIR HERNIA	373.00*	414.50*	497.40*	58
59 OIAGNOSTIC CYSTOURETHROSCOPY	53.10*	58.10*	58.80*	59
	16.50*	20.00	24.90*	60
60 DILATION OF URETHRA	829.00*	911.90*	1040.70*	61
61 PROSTATECTOMY - SUPRAPUBIC	829.00*	829.00*	1119.10*	62
62 ELECTROSECTION-PROSTATE (TUR)				
63 HYSTERECTOMY	857.20*	886.80*	950.20*	63
64 INITIAL COMPLETE EYE EXAM	35.00	35.00	35.00	64
65 COMPREHENSIVE EYE EXAM	35.00	30.00	40.00	65
66 EYE EXAM WITH TONOMETRY	13.70*	16.10*	19.00*	66
67 EXTRACTION OF LENS				67
68 CHEST X-RAY - SINGLE VIEW	20.00	20.00	25.00	68
69 CHEST X-RAY - TWO VIEWS	28.00	28.00	30.00	69
70 X-RAY SPINE	45.00	51.00	56.00	70
71 X-RAY HIP	31.00	33.20*	33.20*	7.1
72 X-RAY UPPER GI TRACT	66.30*	68.00	80.00	72
73 X-RAY COLON	64.00	59.70*	74.60*	73
74 RAOIATION THERAPY-LOW VOLT				74
75 RAOIATION THERAPY-SUPER VOLT				75
76 RADIATION THERAPY-MEGAVOLT				76
77 CAT SCAN - HEAD	210.60*	218.90*	230.50*	77
78 CAT SCAN - ABOOMEN	238.70*	247.00*	260.30*	78
79 THREE CHEMISTRY TESTS	25.00	23.00	28.00	79
BO NINETEEN CHEMISTRY TESTS	28.00	30.00	32.00	80
81 CULTURE - OTHER THAN BLOOD	23.00	20.00	25.00	81
82 HEMOGLOBIN	5.00	5.00	6.00	82
83 AUTOMATEO BLOOD COUNT	5.00	3.00	0.00	83
84 WHITE CELL COUNT	5 00	5.00	5.00	84
85 COMPLETE BLOOD COUNT (CBC)	10.00	10.00	12.00	85
86 CHOLESTEROL TEST	8.00	8.00	10.00	86
87 FLOCCULATION TEST	8.00	8.00	10.00	87
88 HEMATOCRIT	500	E 00	E 00	
·		5.00	5.00	88
89 PLATELET COUNT (REES-ECKER)	9.00	7.00	8.00	89
90 POTASSIUM TEST - BLOOD	9.00	8.00	10.00	90
91 PROTHROMBIN TIME TEST	7.50	7.00	8.00	91
92 SEOIMENTATION RATE	10.00	6.00	8.50	92
93 BLOOD SUGAR	8.00	7.00	8.00	93
94 BUN-UREA - NITROGEN	9.00	7.50	10.00	94
95 URIC ACIO	9.00	8.00	10.00	95
96 FECES-OCCULT BLOOD-SCREENING	8.00	6.00	6.00	96
97 PAP TEST	11.00	10.00	12.00	97
98 ROUTINE URINALYSIS	6.00	6.00	7.00	98
99 CHEMICAL URINALYSIS	5.00	4.00	5.00	99
100 PATHOLOGY - THREE SPECIMENS	25.00	36.00	20.00	100
101 ELEC MONITORING-PACEMAKER	30.00	37.50	35.00	101
102 DONOR NEPHRECTOMY-UNILATERAL	1070.00	1070.00	1070.00	102
103 KIONEY TRANSPLANT	1428.70*	1478.10*	1587.10*	103
104 HOSPITAL BEO - RENTAL	46.80	46.80L	46.80L	104
105 WALKER - RENTAL	8.00	10.00	12.00	105
106 WHEELCHAIR - RENTAL	23.00L	23.00L	23.00L	106
107 LIQUID DXYGEN - RENTAL	70.00	70.00	70.00	107
108 HOSPITAL BEO - PURCHASE	323.20L	323.20L	323.20L	108
109 WALKER - PURCHASE	48.00	46.00	48.70	109
110 WHEELCHAIR - PURCHASE	200.00L	200.00L	200.00L	110

#### FLORIOA COMBINED LOCALITY DESIGNATION

#### PROCEOURE DESCRIPTION

1	INITIAL BRIEF OFFICE VISIT
2	
3	
4	
5	
6	
7	LIMITEO FOLLOWUP OFFICE VISIT
8	
9	•
	COMP FOLLOWUP OFFICE VISIT BRIEF FOLLOWUP HOME VISIT
11	
13	
14	· · · · · · · · · · · · · · · · · · ·
15	
16	
17	
18	
19	
	LIMITEO F/U HOSPITAL VISIT
21	INTERMEO F/U HOSPITAL VISIT
	EXTENDED F/U HOSPITAL VISIT
23	BRIEF EMERGENCY ROOM VISIT
24	
25	
26	
	EXTENSIVE CONSULTATION
28	
29	
30	
31	
32	INITIAL PHYSIOTHERAPY
33	
	ELECTROCAROIOGRAM (EKG) EKG-INTERPRET AND REPORT ONLY
36	
37	
	CHEMOTHERAPY
39	
	DEBRIGEMENT OF NAILS
41	
42	
43	RADICAL MASTECTOMY
44	OPEN REDUCTION OF FRACTURE
45	ARTHROCENTESIS-MAJOR JOINT
46	CORONARY ARTERY BYPASS
47	TOTAL ARTIFICIAL HIP REPLACE
48	
49	
	THORACENTESIS
	CATHERIZATION OF HEART
	INSERTION OF PACEMAKER
	PARTIAL COLECTOMY
	APPENOECTOMY

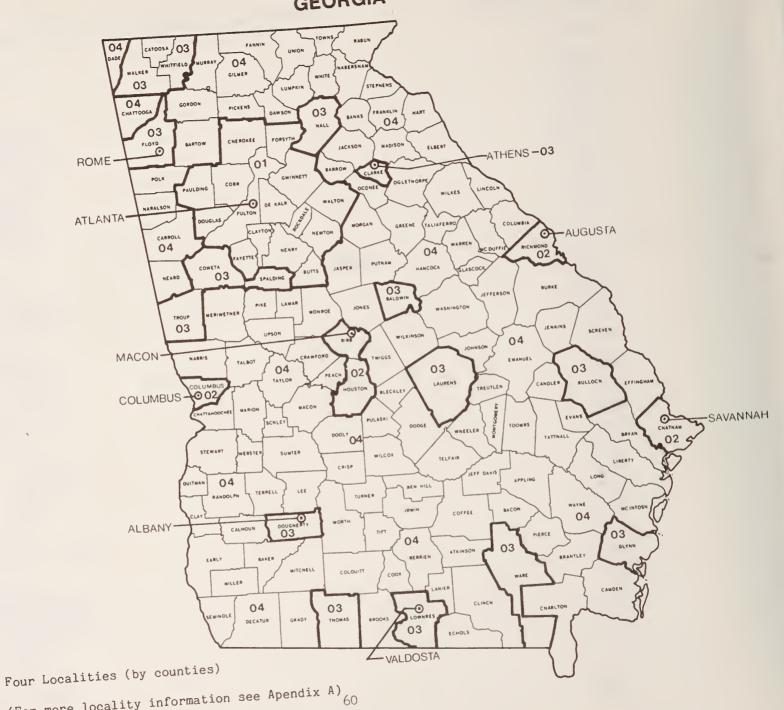
55 SIGMOIOOSCOPY

SINGLE	
43.00	1
40.00	2
49.00*	3
49.00*	4
10.00*	5
19.90*	6
30.00*	7
30.00	8
40.00	9
33.10	10
33.10*	11
40.00*	12
19.90	13
19.90	14
65.00	15
70.10	16
80.00*	17
33.10	18
33.10*	19
35.00*	20
35.00	21
25.00	22
25.00	23
30.00	24
49.80	25
44.90*	26
60.00	27
99.70	28
60.00	29
39.40*	30
17.00	31
16.70*	32
19.90*	33
30.00	34
8.00 P	35
35.00	36
83.10*	37
22.00	38
3.00	39
18.70*	40
	41
30.00	
4.70*	42
980.70*	43
1307.50*	44
24.80*	45
3548.60*	46
2428.10*	47
23.40*	48
207.20*	49
67.90*	50
700.00	51
1500.00	52
1120.80*	53
541.60*	54
41.40*	55
41.40	33

#### PROCEDURE DESCRIPTION SINGLE 56 HEMORRHOIDECTOMY 497.40\* 56 994.80\* 57 57 CHOLECYSTECTOMY 58 REPAIR HERNIA 497.40\* 58 59 OIAGNOSTIC CYSTOURETHROSCOPY 60.70\* 59 60 DILATION OF URETHRA 24.80\* 60 1074.00\* 61 61 PROSTATECTOMY - SUPRAPUBIC 62 ELECTROSECTION-PROSTATE (TUR) 1119.00\* 62 980.70\* 63 63 HYSTERECTOMY 64 INITIAL COMPLETE EYE EXAM 50.00 64 65 COMPREHENSIVE EYE EXAM 40.00 65 66 66 EYE EXAM WITH TONOMETRY 19.00\* 911.80\* 67 67 EXTRACTION OF LENS 68 CHEST X-RAY - SINGLE VIEW 25.00 68 69 CHEST X-RAY - TWO VIEWS 30.00 69 49.80\* 70 70 X-RAY SPINE 71 X-RAY HIP 33.10\* 71 72 X-RAY UPPER GI TRACT 74.50\* 72 73 73 X-RAY COLON 74.50\* 74 RADIATION THERAPY-LOW VOLT 20.00 74 75 RADIATION THERAPY-SUPER VOLT 20.00 75 76 RADIATION THERAPY-MEGAVOLT 20.00 76 77 CAT SCAN - HEAD 200.00 77 78 78 CAT SCAN - ABOOMEN 325.00 79 THREE CHEMISTRY TESTS 11.30 79 80 NINETEEN CHEMISTRY TESTS 22.60 80 81 CULTURE - OTHER THAN BLOOD 17.00 81 82 HEMOGLOBIN 5.00L 82 83 AUTOMATEO BLOOD COUNT 8.00 83 84 WHITE CELL COUNT 5.00L 84 85 COMPLETE BLOOD COUNT (CBC) 8.40L 85 86 CHOLESTEROL TEST 6.00L 86 87 87 FLOCCULATION TEST 6.00 88 HEMATOCRIT 5.00L 88 89 PLATELET COUNT (REES-ECKER) 6.50 89 90 90 POTASSIUM TEST - BLOOD 9.00 91 PROTHROMBIN TIME TEST 7.00L 91 92 SECIMENTATION RATE 6.00L 92 93 BLOOD SUGAR 93 6.30L 94 94 BUN-UREA - NITROGEN 6.30L 95 URIC ACIO 6.30L 95 96 FECES-OCCULT BLOOD-SCREENING 96 . 7.00 97 97 PAP TEST 10.00L 98 ROUTINE URINALYSIS 5.00L 98 99 CHEMICAL URINALYSIS 99 3.00 100 PATHOLOGY - THREE SPECIMENS 30.00 100 101 ELEC MONITORING-PACEMAKER 225.00 101 102 OONOR NEPHRECTOMY-UNILATERAL 102 103 KIONEY TRANSPLANT 2211.30 103 104 HOSPITAL BEO - RENTAL 46.80L 104 105 WALKER - RENTAL 10.00 105 106 WHEELCHAIR - RENTAL 106 23.00L 107 LIQUIO OXYGEN - RENTAL 33.50 107 108 HOSPITAL BEO - PURCHASE 323.20L 108 109 WALKER - PURCHASE 40.00 109 110 WHEELCHAIR - PURCHASE 200.00L 110

GEORGIA

## GEORGIA



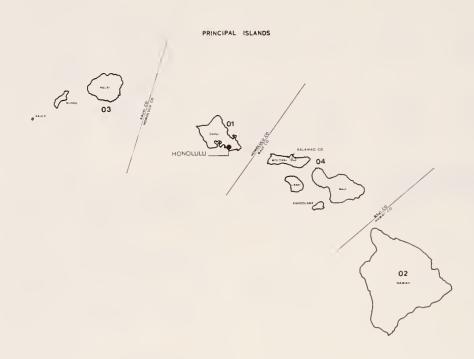
(For more locality information see Apendix A) 60

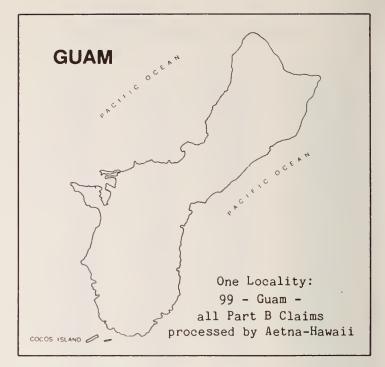
1981 PREVAILING CHARGE SUMMARY		PRUOENTIAL I Y OESIGNATION				ORGIA ITY OESIGNA	TION FOR SPI	ECIALIST	
PROCEOURE DESCRIPTION	01	02	03	04	01	02	03	04	
1 INITIAL BRIEF OFFICE VISIT					40.00	24.90*	26.50*	25.00	1
2 INITIAL LIMITEO OFFICE VISIT	25.00	24.90*	24.90*	17.50	40.00	24.90*	26.50*	25.00	2
3 INITIAL INTERMED OFFICE VISIT					40.00	24.90*	26.50*	25.00	3
4 INITIAL COMP OFFICE VISIT	35.00	74.60*	30.00	25.00	80.00	58.00*	60.00	74.60*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	6.00	7.00	7.00	7.20	10.00	10.00	8.00	7.00	5
6 BRIEF FOLLOWUP OFFICE VISIT	6.00	7.00	7.00	7.20	10.00	10.00	8.00	7.00	6
7 LIMITEO FOLLOWUP OFFICE VISIT	11.60*	11.60*	11.60*	12.00	16.60*	16.60*	13.30*	11.60*	7
8 INTERMEDIATE F/U OFFICE VISIT	11.60*	11.60*	11.60*	12.00	16.60*	16.60*	13.30*	11.60*	8
9 EXTENOEO F/U OFFICE VISIT	17.40	17.40	17.40	18.00	24.90	24.90	20.00	17.40	9
10 COMP FOLLOWUP OFFICE VISIT	48.80*	25.00	40.00	35.00	48.80*	48.80*	48.80*	35.00	10
11 BRIEF FOLLOWUP HOME VISIT	17.90*	16.60*	19.90*	16.60*	19.90*	19.90*	19.90*	19.90*	11
12 LIMITEO FOLLOWUP HOME VISIT					19.90*	19.90*	19.90*	19.90*	12
13 INTERMOIATE F/U HOME VISIT	17.90*	16.60*	19.90*	16.60*	19.90*	19.90*	19.90*	19.90*	13
14 EXTENDED CARE FACILITY VISIT		44.00	44.00	0.00.	16.60*	11.90*	13.30*	11.60*	14
15 BRIEF F/U NURSING HOME VISIT	11.60*	11.60*	11.60*	8.30*	16.60*	16.60*	13.30*	11.60*	15
16 INITIAL BRIEF HOSPITAL VISIT	50.00	41.50*	41.50*	33.20*	58.00*	58.00*	41.50*	41.50*	16
17 INIT INTERMED HOSPITAL VISIT	05.00	66.00.	E0. 00:	45.00	58.00*	58.00*	41.50*	41.50*	17
18 INITIAL COMP HOSPITAL VISIT	65.00	66.30*	58.00*	45.00	80.00	74.60*	65.00	58.00*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	16.60*	16.60*	13.30* 13.30*	13.30* 13.30*	16.60* 16.60*	16.60* 16.60*	16.60* 16.60*	15.90* 15.90*	19
20 LIMITEO F/U HOSPITAL VISIT 21 INTERMEO F/U HOSPITAL VISIT	16.60* 16.60*	16.60* 16.60*	13.30*	13.30*	16.60*	16.60*	16.60*	15.90*	20 21
22 EXTENDED F/U HOSPITAL VISIT	10.00*	10.00*	13.30*	13.30+	30.00	30.00	25.00*	30.00	22
23 BRIEF EMERGENCY ROOM VISIT					24.90*	24.90*	16.60*	19.90*	23
24 LIMITEO EMERGENCY ROOM VISIT					24.90*	24.90*	16.60*	19.90*	24
25 INTERMED EMERGENCY ROOM VISIT					24.90*	24.90*	16.60*	19.90*	25
26 LIMITEO CONSULTATION	25.00*	25.00*	25.00*	25.00*	38.80*	35.00	37.50	38.80*	26
27 EXTENSIVE CONSULTATION	20.00	20100	20100		66.30*	58.00*	49.70*	49.70*	27
28 COMPREHENSIVE CONSULTATION					80.00	70.20*	59.10*	57.00*	28
29 PSYCHOTHERAPY-ONE HOUR					60.00	55.00	60.00	60.00	29
30 PSYCHOTHERAPY-HALF HOUR					39.40*	32.50	35.00	25.00	30
31 CHIROPRACTIC OFFICE VISIT	8.90	9.50	9.50	9.80	12.00	12.00*	12.00	12.00	31
32 INITIAL PHYSIOTHERAPY					15.00	15.00*	15.00*	10.00	32
33 F/U POOIATRIC OFFICE VISIT					16.60*	13.30*	13.30*	14.90*	33
34 ELECTROCAROIOGRAM (EKG)	24.00	24.90*	24.90*	24.90*	24.00	24.90*	24.90*	24.90*	34
35 EKG-INTERPRET AND REPORT ONLY	10.00	8.00	10.00*	7.50	7.00	8.00	8.30	7.50	35
36 SPIROMETRY					24.90*	24.90*	24.90*	24.90*	36
37 ELECTROENCEPHALOGRAM (EEG)					66.30*	65.00	65.00	66.30*	37
38 CHEMOTHERAPY									38
39 COLLECTION OF SPECIMENS					3.00	3.00	3.00	3.00	39
40 DEBRIOEMENT OF NAILS					22.00	22.00	16.60	22.00	40
41 SKIN BIOPSY					25.00*	23.00	24.90*	24.90*	41
42 CHEMOCAUTERY					19.50*	16.60*	18.00	16.60*	42
43 RAOICAL MASTECTOMY					797.60*	700.00	763.80*	760.00	43
44 OPEN REDUCTION OF FRACTURE	45.00	45.00	45.00	45.00	829.00*	829.00*	621.80*	980.00	44
45 ARTHROCENTESIS-MAJOR JOINT	15.00	15.00	15.00	15.00	20.00 2300.00	25.00 3040.00	24.90* 2780.00	24.90* 2780.00	45 46
46 CORONARY ARTERY BYPASS							1950.00	1989.60*	47
47 TOTAL ARTIFICIAL HIP REPLACE					1989.60* <b>22.</b> 00	1850.00 19.90*	16.60*	15.90	48
48 NEEOLE PUNCTURE OF BURSA 49 BRONCHOSCOPY					200.00	150.00	149.20*	149.20*	49
50 THORACENTESIS					41.50*	41.50*	41.50*	35.00	50
51 CATHERIZATION OF HEART					540.00	500.00	540.00	540.00	51
52 INSERTION OF PACEMAKER					829.00*	800.00	829.00*	800.00	52
53 PARTIAL COLECTOMY					970.00	795.80*	663.20*	795.80*	53
54 APPENDECTOMY	443.00	443.00	450.00	443.00	443.00	443.00	450.00	443.00	54
55 SIGMOIOOSCOPY					36.00	33.20*	33.20*	25.00*	55

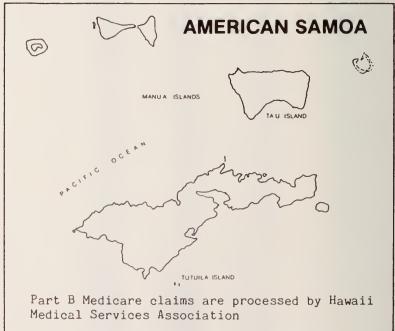
1981 PREVAILING CHARGE SUMMARY		PRUOENTIAL I OESIGNATION				RGIA TY DESIGNA	TION FOR SPI	ECIALIST	
PROCEOURE DESCRIPTION	01	02	03	04	01	02	03	04	
56 HEMORRHOIDECTOMY					335.00	312.00	360.00	360.00	56
57 CHOLECYSTECTOMY					663.20*	596.90*	497.40*	497.40*	57
58 REPAIR HERNIA					447.70*	373.10*	397.90*	397.90*	58
59 OIAGNOSTIC CYSTOURETHROSCOPY	49.70*	76.00	49.70*	49.70*	58.00*	49.70*	49.70*	49.70*	59
60 DILATION OF URETHRA					14.00	16.60*	16.60*	16.00	60
61 PROSTATECTOMY - SUPRAPUBIC					1000.00	800.00	663.20*	746.10*	61
62 ELECTROSECTION-PROSTATE (TUR)	829.00*	829.00*	800.00	829.00*	829.00*	875.00	779.30*	621.80*	62
63 HYSTERECTOMY					746.10*	746.10*	746.10*	746.10*	63
64 INITIAL COMPLETE EYE EXAM					28.00	24.90*	24.90*	24.00	64
65 COMPREHENSIVE EYE EXAM					28.00	24.90*	24.90*	24.00	65
66 EYE EXAM WITH TONOMETRY					13.60*	12.00	10.60*	12.00	66
67 EXTRACTION OF LENS	721.20*	721.20*	721.20*	721.20	800.00	704.70*	663.20*	663.20*	67
68 CHEST X-RAY - SINGLE VIEW	19.90*	20.00	21.60*	20.00	25.00	24.90*	19.90*	20,. 70	68
69 CHEST X-RAY - TWO VIEWS	25.00	26.00	24.90*	24.90*	26.00	30.00	24.90*	27.00	69
70 X-RAY SPINE					33.20*	40.00	41.50+	40.00	70
71 X-RAY HIP				45.00	25.00	35.00	28.20*	35.00	71
72 X-RAY UPPER GI TRACT	52.00	52.00	52.00	45.00	58.00*	68.00	58.00*	£2.20*	72
73 X-RAY COLON	47 00				60.00	62.20*	60.00	61.40	73
74 RADIATION THERAPY-LOW VOLT	17.00	28.00*	28.00*	28.00*	17.00	27.70	27.50	27.50	74
75 RADIATION THERAPY-SUPER VOLT	21.10	21.10	21.90	21.10	35.00	40.00	40.00	40.00	75
76 RADIATION THERAPY-MEGAVOLT					45.00	55.00	55.00	55.00	76
77 CAT SCAN - HEAD					250.00	260.00	260.00	260.00	77
78 CAT SCAN - ABOOMEN 79 THREE CHEMISTRY TESTS					275.00 20.00	275.00 20.00	275.00 20.00	275.00 20.00	78 79
80 NINETEEN CHEMISTRY TESTS					27.00	27.00	27.00	27.00	80
81 CULTURE - OTHER THAN BLOOD					15.00	15.00	10.00	10.00	81
82 HEMOGLOBIN					5.00L	5.00L	5.00L	5.00L	82
83 AUTOMATED BLOOD COUNT					10.50L	10.50L	10.50L	10.50L	83
84 WHITE CELL COUNT					5.00L	5.00L	5.00L	5.00L	84
85 COMPLETE BLOOD COUNT (CBC)					10.50L	10.50L	10.50L	10.50L	85
86 CHOLESTEROL TEST					8.00L	8.00L	8.00L	8.00L	86
87 FLOCCULATION TEST					6.00	5.50	4.00	6.00	87
88 HEMATOCRIT					4.00L	4.00L	4.00L	4.00L	88
89 PLATELET COUNT (REES-ECKER)					6.00	7.00	9.00	7.00	89
90 POTASSIUM TEST - BLOOD					8.00	10.00	8.50	10.00	90
91 PROTHROMBIN TIME TEST					7.50L	7.50L	7.50L	7.50L	91
92 SECIMENTATION RATE					6.00L	6.00L	6.00L	6.00L	92
93 BLOOO SUGAR					8.00L	8.00L	8.00L	8.00L	93
94 BUN-UREA - NITROGEN					9.00L	9.00L	9.00L	9.00L	94
95 URIC ACIO					9.00L	9.00L	9.00L	9.00L	95
96 FECES-OCCULT BLOOD-SCREENING					6.00	3.30 -	6.00	4.00	96
97 PAP TEST					10.00L	10.00L	10.00L	10.00L	97
98 ROUTINE URINALYSIS					5.00L	5.00L	5.00L	5.00L	98
99 CHEMICAL URINALYSIS					5.00L	5.00L	5.00L	5.00L	99
100 PATHOLOGY - THREE SPECIMENS					21.00	18.00	20.00	17.50	100
101 ELEC MONITORING-PACEMAKER					30.00	15.00	25.00	30.00	101
102 OONOR NEPHRECTOMY-UNILATERAL					4540.00			15.10.00	102
103 KIONEY TRANSPLANT					1512.90	1512.90	1512.90	1512.90	103
104 HOSPITAL BEO - RENTAL					55.00L	55.00L	55.00L	55.00L	104
105 WALKER - RENTAL					10.40	10.40	10.40	10.40	105
106 WHEELCHAIR - RENTAL					15.60	15.60	15.60	15.60	106
107 LIQUIO OXYGEN - RENTAL 108 HOSPITAL BEO - PURCHASE					56.30 53.60L	56.30	56.30	56.30	107 108
109 WALKER - PURCHASE					38.48	53.60L 38.48	53.60L 38.48	53.60L 38.48	108
110 WHEELCHAIR - PURCHASE					30.40	18.50	18.50	18.50	110
THE WILLEGISTE TORGINGE						10.50	10.50	10.50	110

HAWAII

## **HAWAII**





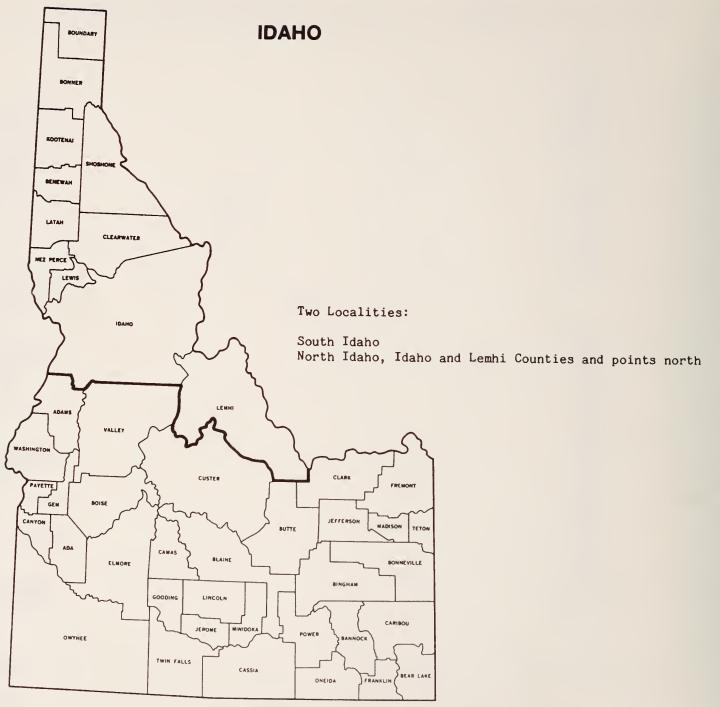


PROCEDURE DESCRIPTION	01	01	
1 INITIAL BRIEF OFFICE VISIT		19.90*	1
2 INITIAL LIMITEO OFFICE VISIT	31.20	40.60*	2
3 INITIAL INTERMED OFFICE VISIT	01.20	54.20*	3
4 INITIAL COMP OFFICE VISIT	58.00*	66.30*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	8.40*	10.00*	5
6 BRIEF FOLLOWUP OFFICE VISIT	11.60*	13.25*	6
7 LIMITEO FOLLOWUP OFFICE VISIT	17.40*	19.90*	7
8 INTERMEDIATE F/U OFFICE VISIT	20.80	25.00*	8
9 EXTENDED F/U OFFICE VISIT	31.20	40.60*	9
10 COMP FOLLOWUP OFFICE VISIT	49.90*	55.20*	10
11 BRIEF FOLLOWUP HOME VISIT	24.80*	25.00	11
12 LIMITEO FOLLOWUP HOME VISIT	211.00	36.40	12
13 INTERMDIATE F/U HOME VISIT	33.10*		13
14 EXTENDED CARE FACILITY VISIT		13.25*	14
15 BRIEF F/U NURSING HOME VISIT	10.00*		15
16 INITIAL BRIEF HOSPITAL VISIT	33.10*	41.40*	16
17 INIT INTERMED HOSPITAL VISIT	33.13	66.30*	17
18 INITIAL COMP HOSPITAL VISIT	69.60*	83.00*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	12.40*	15.60	19
20 LIMITEO F/U HOSPITAL VISIT	23.20	26.50*	20
21 INTERMEO F/U HOSPITAL VISIT	19.90*	26.50*	21
22 EXTENDED F/U HOSPITAL VISIT	13.30	44.50*	22
23 BRIEF EMERGENCY ROOM VISIT		32.20*	23
24 LIMITED EMERGENCY ROOM VISIT		35.30*	24
25 INTERMED EMERGENCY ROOM VISIT		81.10*	25
26 LIMITEO CONSULTATION	45.50*	51.30*	26
27 EXTENSIVE CONSULTATION	45.50*	77.10*	27
28 COMPREHENSIVE CONSULTATION	•	92.90*	28
29 PSYCHOTHERAPY-ONE HOUR		67.00*	29
30 PSYCHOTHERAPY-HALF HOUR		36.70*	30
31 CHIROPRACTIC OFFICE VISIT		11.00*	31
32 INITIAL PHYSIOTHERAPY		15.60*	32
33 F/U PODIATRIC OFFICE VISIT		11.60*	33
34 ELECTROCAROIOGRAM (EKG)	29.90*	33.10*	34
35 EKG-INTERPRET AND REPORT ONLY	16.40*	10.00*	35
36 SPIROMETRY	10.40	10.00	36
37 ELECTROENCEPHALOGRAM (EEG)		75.50*	37
38 CHEMOTHERAPY		24.30*	38
39 COLLECTION OF SPECIMENS		5.30*	39
40 DEBRIOEMENT OF NAILS		20.00	40
41 SKIN BIOPSY		43.10*	41
42 CHEMOCAUTERY		27.00*	42
43 RAOICAL MASTECTOMY		27.00	43
44 OPEN REDUCTION OF FRACTURE			44
45 ARTHROCENTESIS-MAJOR JOINT	37.40*	39.80*	45
46 CORONARY ARTERY BYPASS	37.40	33.30	46
47 TOTAL ARTIFICIAL HIP REPLACE		2127.70*	47
48 NEEOLE PUNCTURE OF BURSA		23.00	48
49 BRONCHOSCOPY		184.00*	49
50 THORACENTESIS		34.90*	50
51 CATHERIZATION OF HEART		620.60*	51
52 INSERTION OF PACEMAKER		870.00*	52
53 PARTIAL COLECTOMY		1061.00*	53
54 APPENOECTOMY	464.20*	530.50*	54
55 SIGMOIOOSCOPY	404.20	39.80*	55
JJ JIGMUIUUJCUP P		33.33	

# HAWAII

	PROCEDURE DESCRIPTION	01	01	
56 k	HEMORRHOIDECTOMY		397.70*	56
	CHOLECYSTECTOMY		795.80*	57
	REPAIR HERNIA		464.20*	58
	DIAGNOSTIC CYSTOURETHROSCOPY		92.90*	59
	DILATION OF URETHRA		40.60*	60
	PROSTATECTOMY - SUPRAPUBIC		928.50*	61
	ELECTROSECTION-PROSTATE (TUR)		994.70*	62
	HYSTERECTOMY		928.50*	63
	INITIAL COMPLETE EYE EXAM		40.00	64
	COMPREHENSIVE EYE EXAM		10.00	65
	EYE EXAM WITH TONOMETRY		10.40*	66
	EXTRACTION OF LENS	994.70*	994.70*	67
	CHEST X-RAY - SINGLE VIEW	19.90*	21.80*	68
	CHEST X-RAY - TWO VIEWS	32.80*	32.40*	69
	K-RAY SPINE	02.00	41.70*	70
_	K-RAY HIP		41.60	71
	K-RAY UPPER GI TRACT	62.70*	74.50*	72
	K-RAY COLON	02.70	65.50*	73
	RADIATION THERAPY-LOW VOLT		03.30	74
	RADIATION THERAPY-SUPER VOLT			75
	RADIATION THERAPY-MEGAVOLT			76
	CAT SCAN - HEAD			77
	CAT SCAN - ABOOMEN			78
	THREE CHEMISTRY TESTS		28.10*	79
	VINETEEN CHEMISTRY TESTS		32.80*	80
	CULTURE - OTHER THAN BLOOD		13.25	81
	HEMOGLOBIN		4.47L	82
	AUTOMATEO BLOOD COUNT		7.00*	83
	WHITE CELL COUNT		4.99L	84
	COMPLETE BLOOD COUNT (CBC)		9.78L	85
	CHOLESTEROL TEST		8.50L	86
	FLOCCULATION TEST		7.50*	87
	HEMATOCRIT		4.47L	88
	PLATELET COUNT (REES-ECKER)		6.80*	89
	POTASSIUM TEST - BLOOD		10.40	90
	PROTHROMBIN TIME TEST		9.36L	91
	SEDIMENTATION RATE		7.28L	92
	BLOOD SUGAR		8.84L	93
	BUN-UREA - NITROGEN		8.50L	94
	JRIC ACIO		8.50L	95
	FECES-OCCULT BLOOD-SCREENING		4.20*	96
	PAP TEST		8.32L	97
	ROUTINE URINALYSIS		4.42L	98
	CHEMICAL URINALYSIS		4.40+	99
	PATHOLOGY - THREE SPECIMENS		30.00+	100
	ELEC MONITORING-PACEMAKER		30,00	101
	DONOR NEPHRECTOMY-UNILATERAL		1226.80*	102
	KIONEY TRANSPLANT		1220.00	103
	HOSPITAL BEO - RENTAL		52.00	103
	WALKER - RENTAL		32.00	105
	WHEELCHAIR - RENTAL		31.20L	106
	LIQUID OXYGEN - RENTAL		31.200	107
	HOSPITAL BEO - PURCHASE		629.20L	108
	WALKER - PURCHASE		025.20L	109
	WHEELCHAIR - PURCHASE			1 10
				110

IDAHO



			e e e e e e e e e e e e e e e e e e e		EGINEIS.
PRDCEDURE DESCRIPTION	SDUTH	NDRTH	SOUTH	NDRTH	
1 INITIAL BRIEF OFFICE VISIT			/ 19.90*	19.00	4
2 INITIAL LIMITED OFFICE VISIT	25.00				1
3 INITIAL INTERMED OFFICE VISIT	25.00		41.40*	26.10	2
	45.00	45.00	41.40*	43.00	3
4 INITIAL COMP DEFICE VISIT	45.00	45.00	58.00*	59.50	4
5 MINIMAL FOLLDWUP DFFICE VISIT	6.60*	7.90*	8.30*	8.30*	5
6 BRIEF FOLLDWUP DFFICE VISIT	10.00*	10.00*	13.30*	12.25	6
7 LIMITED FOLLOWUP OFFICE VISIT	13.30*	13.30*	15.00*	12.40*	7
8 INTERMEDIATE F/U OFFICE VISIT	15.00*	17.60*	20.00	19.00	8
9 EXTENOED F/U OFFICE VISIT	23.70*	26.10	38.00	28.00	9
10 CDMP FDLLDWUP DFFICE VISIT	29.00*	37.50*	55.20*	43.00	10
11 BRIEF FOLLOWUP HOME VISIT	18.30*	19.90*	16.70*	18.00	11
12 LIMITEO FOLLDWUP HOME VISIT			30.00	30.00	12
13 INTERMOIATE F/U HDME VISIT	24.00	24.00			13
14 EXTENOED CARE FACILITY VISIT			20.00	15.40	14
15 BRIEF F/U NURSING HDME VISIT	13.30*	13.30*	15.00*	12.40*	15
16 INITIAL BRIEF HOSPITAL VISIT	33.10*	31.50*	41.40*	43.00	16
17 INIT INTERMED HDSPITAL VISIT			58.00*	49.75*	17
18 INITIAL CDMP HDSPITAL VISIT	50.00	58.00*	58.00*	58.00*	18
19 BRIEF FDLLDWUP HOSPITAL VISIT	10.00*	10.00*	12.40*	12.40*	19
20 LIMITEO F/U HDSPITAL VISIT	15.00	15.60	20.00	16.50	20
21 INTERMED F/U HDSPITAL VISIT	25.40*	20.00	27.00	21.00	21
22 EXTENDED F/U HDSPITAL VISIT			29.30*	30.50	22
23 BRIEF EMERGENCY RODM VISIT			14.70*	14.90*	. 23
24 LIMITED EMERGENCY ROOM VISIT			18.70*	14.50	24
25 INTERMED EMERGENCY RDOM VISIT			29.30*	35.00	25
26 LIMITED CONSULTATION	31.50	31.50	41.40*	41.40*	26
27 EXTENSIVE CONSULTATION	31.30	31.30	58.00*	58.00*	27
28 CDMPREHENSIVE CDNSULTATION			66.40*	66.00	28
29 PSYCHDTHERAPY-DNE HDUR			33.50*		29
				39.60*	30
30 PSYCHDTHERAPY-HALF HDUR			26.40*	19.60*	
31 CHIRDPRACTIC DFFICE VISIT			10.40*	10.00*	31
32 INITIAL PHYSIDTHERAPY			40.00	40.00.	32
33 F/U PDDIATRIC OFFICE VISIT			13.30*	13.30*	33
34 ELECTRDCARDIDGRAM (EKG)	24.90*	24.90*	30.00	29.00	34
35 EKG-INTERPRET AND REPDRT DNLY	13.60*	13.00	15.00	13.00	35
36 SPIROMETRY			17.00*	17.00*	36
37 ELECTRDENCEPHALDGRAM (EEG)			64.50*		37
38 CHEMDTHERAPY			23.00	23.00	38
39 COLLECTION OF SPECIMENS			3.00	3.00	39
40 DEBRIDEMENT DF NAILS			11.60*	10.90*	40
41 SKIN BIDPSY			25.00	28.00	4 1
42 CHEMDCAUTERY			15.00	15.00	42
43 RADICAL MASTECTDMY			607.60*	588.00*	43
44 DPEN REDUCTION DF FRACTURE			796.10*	796.10*	44
45 ARTHROCENTESIS-MAJOR JOINT	20.00				45
46 CDRDNARY ARTERY BYPASS					46
47 TOTAL ARTIFICIAL HIP REPLACE			912.00*	912.00*	47
48 NEEOLE PUNCTURE DF BURSA			15.00	19.50	48
49 BRDNCHDSCOPY			157.70*	157.70*	49
50 THORACENTESIS			40.00	28.00	50
, 51 CATHERIZATION OF HEART			409.60*		51
52 INSERTION DF PACEMAKER					52
53 PARTIAL CDLECTDMY			829.20*	746.20*	53
54 APPENDECTDMY	376.40*	360.80*	382.60*	349.10*	54
55 SIGMOIDDSCDPY			24.90*	32.00	5 <b>5</b>

PROCEQUIRE DESCRIPTION   SOUTH   NORTH   SOUTH   NORTH						
ST CHOLECYSTECTOW    ST REPAIR HENTA   ST	PROCEOURE DESCRIPTION	SOUTH	NORTH	SOUTH	NORTH	
ST CHOLECYSTECTOW    ST REPAIR HENTA   ST	SE HEMODOHOTOECTOMY			287 80*	257 30*	56
SR PRPAIR MERNIA   331.70   58   SR DIAGNOSTIC CYSTOURETHROSCOPY   60.00   69.00   59   SO DIALATION OF URETHRA   50.00   614.40   60   SR OT ALLATION OF URETHRA   50.00   614.40   60   SR OT ELECTROSCITION -PROSTATE (TUR)   683.40   663.40   62   SR HINTIAL COMPLETE EYE EXAM   60.00   63.40   63.40   63   SR HINTIAL COMPLETE EYE EXAM   60.00   32.60   63   SR CHEST X-RAY - SINGLE VIEW   20.00   14.00   20.00   80   SR CHEST X-RAY - SINGLE VIEW   24.90   23.25   80   60   SR CHEST X-RAY - SINGLE VIEW   24.90   23.25   80   60   SR CHEST X-RAY - SINGLE VIEW   24.90   23.25   80   60   SR CHEST X-RAY - SINGLE VIEW   24.90   23.25   80   60   SR CHEST X-RAY - SINGLE VIEW   24.90   23.25   80   60   SR CHEST X-RAY - SINGLE VIEW   24.90   24.90   25.00   70   SR CHEST X-RAY - SINGLE VIEW   24.90   24.90   25.00   70   SR CHEST X-RAY - SINGLE VIEW   24.90   24.90   25.00   70   SR CHEST X-RAY - SINGLE VIEW   24.90   24.90   25.00   70   SR CHEST X-RAY - SINGLE VIEW   24.90   24.90   25.00   70   SR CHEST X-RAY - SINGLE VIEW   24.90   24.90   24.90   25.00   70   SR CHEST X-RAY - SINGLE VIEW   24.90   24.90   24.90   25.00   70   SR CHEST X-RAY - SINGLE VIEW   24.90   24.90   25.00   70   SR CHEST X-RAY - SINGLE VIEW   24.90   24.90   25.00   70   SR CALL TOWN THERAPY-LOW VOLT   51.40   59.00   59.00   70   SR CALL TOWN THERAPY-LOW VOLT   70   70   70   70   SR CALL TOWN THERAPY-LOW VOLT   70   70   70   70   70   SR CALL TOWN THERAPY-LOW VOLT   70   70   70   70   70   70   70   7						
59 OILANID OF URETHRAS   50 OILATION OF URETHRAS   50.00   44.00   59     50 OILATION OF URETHRAS   50.00   44.00   60     51 PROSTATECTOW - SUPRAPURE   663.00   665.00   665   60   60     52 ELECTROSCECTION - PROSTATE (TUR)   663.00   665.00   665   60   60   60     52 ELECTROSCECTION - PROSTATE (TUR)   663.00   665   60   60   60   60   60   60						
60 OLIATION OF URETHERA 15.00 14.40 60 162 ELECTROSECTION-PROSTATE (TUR) 61 PROSTATECTOMY - SUPRAPUBIC 62 ELECTROSECTION-PROSTATE (TUR) 63 HYSTERECTOMY 63.40 663.4						
61 PROSTATECTOMY - SUPRAPUBIC   805.00						
SE LECTROSECTION-PROSTATE (TUR)   663.40						
63 14NTIEL COMPLETE EVE EXAM  60 INDITIAL COMPLETE EVE EXAM  61 INDITIAL COMPLETE EVE EXAM  62 INDITIAL COMPLETE EVE EXAM  63 0.30						
64 INITIAL COMPLETE EYE EXAM  65 COMPREHENSIVE EYE EXAM  30.30* 32.60* 65  66 EYE EXAM WITH TONOMETRY  67 EXTRACTION OF LERN  80 CHEST X-RAY - SINGLE VIEW  81 CHEST X-RAY - SINGLE VIEW  81 CHEST X-RAY - SINGLE VIEW  81 CHEST X-RAY - SINGLE VIEW  82 CHEST X-RAY - COLON  71 X-RAY HIP  72 X-RAY COLON  73 CAT SCAN - READON  74 RADIATION THERAPY-SUPER VOLT  75 CAT SCAN - HEADO  76 CAT SCAN - HEADO  77 CAT SCAN - HEADO  80 NINETEEN CHEMISTRY TESTS  81 CHEST X-RAY - SINGLE VIEW  81 CHEST X-RAY - SINGLE VIEW  82 CHEMISTRY TESTS  81 CHEST X-RAY - COLON  82 CHEST X-RAY - SINGLE VIEW  83 CHEST X-RAY - SINGLE VIEW  84 CHEST X-RAY - SINGLE VIEW  85 CHOLESTERN TESTS  81 CHEST X-RAY - SINGLE VIEW  86 CHEST X-RAY - SINGLE VIEW  87 STARLE CHEMISTRY TESTS  81 CHEST X-RAY - SINGLE VIEW  87 STARLE CHEMISTRY TESTS  81 CHEST X-RAY - SINGLE VIEW  87 STARLE CHEMISTRY TESTS  81 CHEST X-RAY - SINGLE VIEW  87 STARLE CHEMISTRY TESTS  81 CHEST X-RAY - SINGLE VIEW  88 SHALL CHEMISTRY TESTS  81 CHEST X-RAY - SINGLE VIEW AND						
SE COMPREHENSIVE EYE EXAM WITH TONOMETRY   10.00   16.00   66.60   66.00   67.00   68.00   67.00   68.00   67.00   68.00   67.00   68.00   67.00   68.00   67.00   68.00   6						
66 EYE EXAM WITH TONOMETRY 672 CAN MITH TONOMETRY 672 EYE EXAM WITH TONOMETRY 672 CAN BOOLOGY 673 CHEST X-RAY - SINGLE VIEW 70 X-RAY SPINE 70 X-RAY SPINE 71 X-RAY PENE 71						
67 EXTRACTION OF LENS 68 CHEST X-RAY - SINGLE VIEW 69 CHEST X-RAY - SINGLE VIEW 69 CHEST X-RAY - SINGLE VIEW 70 X-RAY SPINE 70 X-RAY SPINE 70 X-RAY HIP 71 X-RAY HIP 71 X-RAY HIP 71 X-RAY HIP 72 X-RAY LOLON 73 X-RAY COLON 74 RAGIATION HERAPY-LOW YOUT 75 X-RAY COLON 75 X-RAY COLON 76 X-RAY COLON 77 X-RAY COLON 78 RAGIATION HERAPY-LOW YOUT 79 X-RAY COLON 79 X-RAY COL						
68 CHEST X-RAY - SINGLE VIEW 69 CHEST X-RAY - TWO VIEWS 69 CHEST X-RAY - TWO VIEWS 70 X-RAY SPINE 70 X-RAY SPINE 71 X-RAY UPPER GI TRACT 71 X-RAY UPPER GI TRACT 72 X-RAY UPPER GI TRACT 73 X-RAY COLON 73 X-RAY COLON 74 X-RAY UPPER GI TRACT 75 X-RAY COLON 75 X-RAY UPPER GI TRACT 76 X-RAY SPINE 77 CAT SCAN - HERAPY-LOW YOLT 78 RADIATION THERAPY-WEGAVOLT 78 RADIATION THERAPY-WEGAVOLT 78 RADIATION THERAPY-WEGAVOLT 79 TREE CHEMISTRY TESTS 70 NINETEEN CHEMISTRY TESTS 70 NINETEEN CHEMISTRY TESTS 71 TREE CHEMISTRY TESTS 72 LAT SCAN - ABOOMEN 73 TREE CHEMISTRY TESTS 74 CAT SCAN - ABOOMEN 75 TREE CHEMISTRY TESTS 75 RADIATION THERAPY-LOW YOLT 76 CAT SCAN - ABOOMEN 77 TOTAL TRACT 78 TREE CHEMISTRY TESTS 79 THEE CHEMISTRY TESTS 70 NINETEEN CHEMISTRY TESTS 70 NINETEEN CHEMISTRY TESTS 70 NINETEEN CHEMISTRY TESTS 71 CHEMISTRY TESTS 71 CHEMISTRY TESTS 72 CHEMISTRY TESTS 73 THEE CHEMISTRY TESTS 74 CHEMISTRY TESTS 75 CHEMISTRY TESTS 76 CAT SCAN - ABOOMEN 77 TREE CHEMISTRY TESTS 75 CHEMISTRY TESTS 76 CAT SCAN - ABOOMEN 77 TREE CHEMISTRY TESTS 76 CHEMISTRY TESTS 77 CHEMISTRY TESTS 78 CHEMISTRY TESTS 79 CHEMISTRY TESTS 70 CHEMISTRY TESTS 7						
69 CHEST X-RAY - TWO VIEWS				622.00*	800.00	
70			14.00			
71 X-RAY HIP 2 X-RAY LUPER GI TRACT 5 1.40* 5	69 CHEST X-RAY - TWO VIEWS	24.90	23.25*		28.00	
72 X-RAY UPPER GI TRACT 51.40* 59.00 75.00 72.00 73.04 RAOIATION THERAPY-LOW VOLT 59.00 59.00 73.37-4 RAOIATION THERAPY-SUPER VOLT 75.00 7	70 X-RAY SPINE			34.00	34.00	
73 X-RAY COLON 74 RAOLATION THERAPY-LOW VOLT 75 RAOLATION THERAPY-SUPER VOLT 76 RAOLATION THERAPY-WEGAVOLT 77 CAT SCAN - HEAD 78 CAT SCAN - HEAD 78 CAT SCAN - HEAD 79 THREE CHEMISTRY TESTS 79 THREE CHEMISTRY TESTS 70 NINETER CHEMISTRY TESTS 70 NINETER CHEMISTRY TESTS 70 NINETER CHEMISTRY TESTS 71 LO. 0 10.50 79 81 CULTURE - OTHER THAN BLOOD 81 COMMITTE BLOOD COUNT 83 AUTOMATED BLOOD COUNT 83 SCHMELET BLOOD COUNT 84 WHITE CELL COUNT 85 CHOMESTEROL TEST 7.00 7.00 10.00L 85 CHOLESTEROL TEST 7.00 7.00 80 87 FLUCCULATION TEST 88 HEMATICERT 89 PLATELET COUNT (RESS-ECKER) 7.00 7.00 80 89 PLATELET COUNT (RESS-ECKER) 80 POINSSIUM TEST BLOOD 90 POINSSIUM TEST BLOOD 91 SEDIMENTATI VINET TEST 92 BLOOD SUGAR 94 BUN-UREA - NITROGEN 94 BUN-UREA - NITROGEN 95 URICACION 96 PATHOLOGY - THREE SPECIMENS 96 CHOLESTEROL TEST 97 PAP TEST 98 COUNTER - NITROGEN 96 PATHOLOGY - THREE SPECIMENS 99 CHAINSLUSS - SOOL 6.00 96 PATHOLOGY - THREE SPECIMENS 90 COUNTER - NITROGEN 96 COUNTER - NITROGEN 97 PAP TEST 98 COUNTER - NITROGEN 98 COUNTER - NITROGEN 99 CHAINSLUSS - SOOL 6.00 96 PATHOLOGY - THREE SPECIMENS 90 CHAINSLUSS - SOOL 6.00 96 PATHOLOGY - THREE SPECIMENS 90 CHAINSLUSS - SOOL 6.00 97 PAP TEST 98 COUNTER LURINALYSIS 99 CHAINCLUS URICATERAL 90 COUNTER RESTRUCT - NOOL 7.00 97 PAP TEST 98 COUNTER SECONDATION - NOOL 97 PAP TEST 99 CHEMICAL URINALYSIS 90 CHAINSLUSS - SOOL 6.00 96 PATHOLOGY - THREE SPECIMENS 100 COUNTER SECONDATE - NOOL 97 PAP TEST 90 CHAINCLUS URICATERAL 100 COUNTER SECONDATE - NOOL 97 PAP TEST 90 CHEMICAL URINALYSIS 90 CHAINCLUS URICATERAL 100 COUNTER SECONDATE - NOOL 97 PAP TEST 100 COUNTER SECONDATE - NOOL 97 PAP	71 X-RAY HIP			31.00	31.00	71
74 RAOIATION THERAPY-SUPER VOLT 75 RAOIATION THERAPY-SUPER VOLT 76 RAOIATION THERAPY-SUPER VOLT 77 RAOIATION THERAPY-SUPER VOLT 77 CAT SCAN - HEAD 77 CAT SCAN - ABOOMEN 78 CAT SCAN - ABOOMEN 79 THREE CHEMISTRY TESTS 80 NINETEEN CHEMISTRY TESTS 81 0.50 10.50 79 80 NINETEEN CHEMISTRY TESTS 81 0.150 15.00 80 81 CULTURE - OTHER THAN BLOOD 81 CULTURE - OTHER THAN BLOOD 81 CULTURE - OTHER THAN BLOOD 82 HEMOGLOBIN 83 AUTOMATEO BLOOD COUNT 84 WHITE CELL COUNT 85 COMPLETE BLOOD COUNT (CBC) 86 CHOLESTEROL TEST 87 FLOCCULATION TEST 88 HEMATOCRIT 89 PLATELET COUNT (REES-ECKER) 89 OP OPTASSIUM TEST - BLOOD 90 POTASSIUM TEST - BLOOD 91 PROTHROMBIN TIME TESTS 93 BLOOD SUGAR 94 BUN-UREA - NITROGEN 95 BUN-UREA - NITROGEN 96 BUN-UREA - NITROGEN 97 PAP TEST 98 ROUTINE URINALYSIS 99 CHEMICAL URINALYSIS 99 CHEMICAL URINALYSIS 99 CHEMICAL URINALYSIS 99 CHEMICAL URINALYSIS 90 CATHOLOGY - THREE SPECIMEN 90 PATHOLOGY - THREE SPECIMEN 90 CONDON NEPHRECTOMY-UNILATERAL 100 CONOR NEPHRECTOMY-UNILATERAL 100 CONOR NEPHRECTOMY-UNILATERAL 100 CONOR NEPHRECTOMY-UNILATERAL 100 WHEEL-RANTAL 100 CONOR NEPHRECTOMY-UNILATERAL 100 CONOR NEPHREC	72 X-RAY UPPER GI TRACT		51.40*	71.50	75.00	72
74 RAOIATION THERAPY-SUPER VOLT 75 RAOIATION THERAPY-SUPER VOLT 76 RAOIATION THERAPY-SUPER VOLT 77 RAOIATION THERAPY-SUPER VOLT 77 CAT SCAN - HEAD 77 CAT SCAN - ABOOMEN 78 CAT SCAN - ABOOMEN 79 THREE CHEMISTRY TESTS 80 NINETEEN CHEMISTRY TESTS 81 0.50 10.50 79 80 NINETEEN CHEMISTRY TESTS 81 0.150 15.00 80 81 CULTURE - OTHER THAN BLOOD 81 CULTURE - OTHER THAN BLOOD 81 CULTURE - OTHER THAN BLOOD 82 HEMOGLOBIN 83 AUTOMATEO BLOOD COUNT 84 WHITE CELL COUNT 85 COMPLETE BLOOD COUNT (CBC) 86 CHOLESTEROL TEST 87 FLOCCULATION TEST 88 HEMATOCRIT 89 PLATELET COUNT (REES-ECKER) 89 OP OPTASSIUM TEST - BLOOD 90 POTASSIUM TEST - BLOOD 91 PROTHROMBIN TIME TESTS 93 BLOOD SUGAR 94 BUN-UREA - NITROGEN 95 BUN-UREA - NITROGEN 96 BUN-UREA - NITROGEN 97 PAP TEST 98 ROUTINE URINALYSIS 99 CHEMICAL URINALYSIS 99 CHEMICAL URINALYSIS 99 CHEMICAL URINALYSIS 99 CHEMICAL URINALYSIS 90 CATHOLOGY - THREE SPECIMEN 90 PATHOLOGY - THREE SPECIMEN 90 CONDON NEPHRECTOMY-UNILATERAL 100 CONOR NEPHRECTOMY-UNILATERAL 100 CONOR NEPHRECTOMY-UNILATERAL 100 CONOR NEPHRECTOMY-UNILATERAL 100 WHEEL-RANTAL 100 CONOR NEPHRECTOMY-UNILATERAL 100 CONOR NEPHREC	73 X-RAY COLON			59.00	59.00	73
75 RAOIATION THERAPY-SUPER VOLT 76 RAOIATION THERAPY-MEGAVOLT 77 CAT SCAN - HEAD 78 CAT SCAN - HEAD 79 THREE CHEMISTRY TESTS 79 THREE CHEMISTRY TESTS 79 ON INDETER CHEMISTRY TESTS 79 ON THE CHEMISTR						
76 RADIATION THERAPY-MEGAVOLT       300.00       76         77 CAT SCAN - ABDOMEN       77         78 CAT SCAN - ABDOMEN       10.50       19.50         80 NINETEEN CHEMISTRY TESTS       21.00       21.00       80         81 CULTURE - OTHER THAN BLODO       81       21.00       21.00       80         82 LEMEGLOBIN       2.50L       4.30L       82         83 AUTOMATEO BLODO COUNT       3.00L       4.00L       83         84 WHITE CELL COUNT       3.00L       4.00L       84         85 COMPLETE BLODO COUNT (CBC)       9.00L       10.00L       85         86 CHOLESTEROL TEST       7.00L       7.00L       7.00       86         87 FLOCCULATION TEST       7.00       7.00       7.00       86         89 PLATELET COUNT (REES-ECKER)       7.00       7.00       87         89 PLATELET COUNT (REES-ECKER)       9.00       9.00       89         90 POTASSIUM TEST - BLODO       8.00       6.50       90         91 PROTHROBIN TIME TEST       5.50L       4.75L       92         92 SEDIMENTATION RATE       5.50L       8.00L       95         93 BLODO SUGAR       6.00L       8.00       94         95 USED SUGAR       7.50L </td <td></td> <td></td> <td></td> <td></td> <td></td> <td>75</td>						75
77 CAT SCAN - HEAD 78 CAT SCAN - ABDOMEN 79 THREE CHEMISTRY TESTS 79 THREE CHEMISTRY TESTS 21.00 21.00 80 81 CULTURE - OTHER THAN BLOOD 81 CULTURE - OTHER THAN BLOOD 82 HEMOGLOBIN 22.500. 4.301. 82 83 AUTOMATED BLOOD COUNT 83 AUTOMATED BLOOD COUNT 84 WHITE CELL COUNT 85 COMPLETE BLOOD COUNT (CBC) 86 CHOLESTREND. TEST 87 PLOCCULATION TEST 88 CHEMISTRY TEST 99.001. 10.001. 83 87 FLOCCULATION TEST 99.001. 10.001. 85 88 PLATELET COUNT (CBC) 88 HEMATOCRIT 99.001. 10.001. 85 89 PLATELET COUNT (REES-ECKER) 77.001. 7.001. 86 89 PLATELET COUNT (REES-ECKER) 79.001. 70.00 9.00 91 PROTHROMBIN TIME TEST 90.001. 4.251. 88 89 PLATELET COUNT (REES-ECKER) 91.001. 4.251. 88 89 PLATELET COUNT (REES-ECKER) 92.501. 4.251. 88 89 PLATELET COUNT (REES-ECKER) 93.000. 6.50 94.000. 95 95.000. 6.650 96.000. 96 96.000. 96 97 PROTHROMBIN TIME TEST 97.001. 6.651. 93 98 UNIVERA - NITROGEN 98 UNIVERA - NITROGEN 99 CHEMICAL URINALYSIS 90 CHEMICAL URINALYSIS 90 CHEMICAL URINALYSIS 90 CHEMICAL URINALYSIS 91 CHEMICAL URINALYSIS 92 CHEMICAL URINALYSIS 93 CHEMICAL URINALYSIS 94 CHEMICAL URINALYSIS 95 CHEMICAL URINALYSIS 96 CHEMICAL URINALYSIS 97 CHEMICAL URINALYSIS 98 CHEMICAL URINALYSIS 99 CHEMICAL URINALYSIS 91 C						
78 CAT SCAN - ABDOMEN 79 THREE CHEMISTRY TESTS 80 NINETEEN CHEMISTRY TESTS 81 CULTURE - OTHER THAN BLODO 82 SOLMARTEO BLODO COUNT 83 AUTOMATEO BLODO COUNT 84 WHITE CELL COUNT 85 COMPLETE BLODO COUNT (CBC) 86 CHOLESTEROL TEST 87 COMPLETE BLODO COUNT (CBC) 87 FLOCCULATION TEST 88 PLATELET COUNT (REES-ECKER) 89 PLATELET COUNT (REES-ECKER) 89 PLATELET COUNT (REES-ECKER) 89 PLATELET COUNT (REES-ECKER) 80 PLATELET COUNT (REES-ECKER) 80 PLATELET COUNT (REES-ECKER) 81 COUNT (REES-ECKER) 81 COUNT (REES-ECKER) 82 SEGUMENTATION RATE 83 BLODO SUGAR 84 BUNDO SUGAR 85 COUNT RATE 86 COULT REES THAN BLODO 87 BROTHING MARKER 87 BLODO SUGAR 88 COUNT RATE SOLMAR SOLM SALVE SOL				300.00		
79 THEEE CHEMISTRY TESTS  80 NINTEREN CHEMISTRY TESTS  81 LOO 21 LOO 80  81 CULTURE - OTHER THAN BLOOD  81 EMOGLOBIN  82 HEMOGLOBIN  83 AUTOMATEON BLOOD COUNT  84 WHITE CELL COUNT  85 COMPLETE BLOOD COUNT  86 CHOLESTEROL TEST  87 FLOCCULATION TEST  88 HEMATOCRIT  89 PLATELET COUNT (CRES-ECKER)  89 POLTASSIUM TEST - BLOOD  90 POTASSIUM TEST - BLOOD  91 PROTHROMBIN TIME TEST  50 CM 4.75L  92 BLOOD SUGAR  93 BLOOD SUGAR  94 BUN-UREA - NITROGEN  95 URIC ACIO  97 PAP TEST  98 ROUTINE URINALYSIS  99 CHEMICAL URINALYSIS  99 CHEMICAL URINALYSIS  99 CHEMICAL URINALYSIS  90 CHEMICAL URINALYSIS  90 CHEMICAL URINALYSIS  90 CHEMICAL URINALYSIS  90 CHEMICAL URINALYSIS  91 ROOTH AGEN AS A COUNT AS A				500.00		
80 NINETEEN CHEMISTRY TESTS   21.00   21.00   80   81 CULTURE - OTHER THAN BLODD   12.00   15.00   81   82   HEMGGLOBIN   2.50L   4.30L   82   83 AUTOMATED BLODD COUNT   9.00L   10.00L   83   84   WHITE CELL COUNT   9.00L   10.00L   83   84   WHITE CELL COUNT   9.00L   10.00L   84   85   600L   10.00L   85   86   600LESTEROL TEST   9.00L   10.00L   85   86   600LESTEROL TEST   7.00L   7.00L   7.00L   86   87 FLOCCULATION TEST   7.00L   7.00L   86   87 FLOCCULATION TEST   2.50L   4.25L   88   88   HEMATICRIT   2.50L   4.25L   88   88   HEMATICRIT   8.00   6.50   9.00   8.9   9.00   8.9   9.00   8.9   9.00L   8.00   6.50   9.00   9				10.50	10.50	
81 CULTURE - OTHER THAN BLOOD   12.00   15.00   81   282 HEMBOGLOBIN   2.50L   4.30L   822   83 AUTOMATED BLOOD COUNT   1.00L   83   84 WHITE CELL COUNT   9.00L   10.00L   83   85 COMPLETE BLOOD COUNT (CBC)   9.00L   10.00L   85   86 CHOLESTEROL TEST   7.00L   7.00L   86   87 FLOCCULATION TEST   7.00L   7.00L   86   88 HEMATOCRIT   2.50L   4.25L   88   89 PLATELET COUNT (REES-ECKER)   7.00   9.00   89   90 POTASSIUM TEST - BLOOD   8.00   6.50   9.0   91 PROTHROMBIN TIME TEST - BLOOD   8.00   9.0   92 SEDIMENTATION RATE   5.50L   4.75L   9.2   93 BLOOD SUGAR   6.00L   6.65L   9.3   94 BUN-UREA - NITROGEN   6.00L   6.65L   9.3   95 URIC ACIO   7.50L   8.00L   9.5   96 FECES-DCCULT BLOOD-SCREENING   6.00L   8.00   9.4   97 PAP TEST   7.00L   7.00L   7.50L   8.00L   9.5   98 ROUTINE URINALYSIS   4.00L   4.25L   9.8   99 CHEMICAL URINALYSIS   4.00L   4.25L   9.8   99 CHEMICAL URINALYSIS   4.00L   4.25L   9.8   99 CHEMICAL URINALYSIS   4.00L   4.25L   9.8   90 CHEMICAL URINALYSIS   4.00L   4.25L   9.8   91 ROUTINE URINALYSIS   4.00L   4.25L   9.8   92 CHEMICAL URINALYSIS   4.00L   4.25L   9.8   93 KIONEY TRANSPLANT   10.00   7.00L   9.7   104 HOSPITAL BEG - RENTAL   10.30   7.50   10.5   105 WALKER - RENTAL   10.30   7.50   10.5   106 WHEELCHAIR - RENTAL   10.30   7.50   10.5   107 LIQUID DXYGEN - RENTAL   10.30   7.50   10.5   108 WALKER - PURCHASE   50.00   555.00   10.8						
B2   HEMGGUBIN   2,50L   4,30L   82   83   AUTOMATEO BLODO COUNT (CBC)   10,00L   83   84   WHITE CELL COUNT   3,00L   4,00L   84   85   COMPLETE BLODO COUNT (CBC)   9,00L   10,00L   85   86   CHOLESTEROL TEST   9,00L   7,00L   86   66   CHOLESTEROL TEST   7,00L   7,00L   86   87   FLOCCULATION TEST   7,00L   7,00L   87   88   HEMMTOCRIT   2,50L   4,25L   88   88   PLATELET COUNT (CBES-ECKER)   7,00L   9,00   89   90   POTASSIUM TEST - BLODO   8,00L   9,00   89   90   POTASSIUM TEST - BLODO   8,00L   9,1   91   92   SEQUIMENTATION RATE   5,50L   8,00L   9,1   91   92   SEQUIMENTATION RATE   5,50L   8,00L   9,1   93   BLODO SUGAR   6,00L   6,65L   9,3   93   BLODO SUGAR   6,00L   6,65L   9,3   94   BUN-UREA - NITROGEN   6,00L   6,65L   9,3   94   BUN-UREA - NITROGEN   6,00L   6,65L   9,3   94   95   URIT CACIO   7,50L   8,00L   9,5   95   96   FECES-OCCULT BLODO-SCREENING   9,00L   9,5   96   96   96   97   PAP TEST   9,00L   7,00L   9,7   98   ROUTINE URINALYSIS   4,00L   4,25L   9,8   98   90   PATHOLOGY - THREE SPECIMENS   1,00L   9,00L   10,00L						
83 AUTOMATED BLOOD COUNT   9.00L   10.00L   83 AUTOMATED BLOOD COUNT (CBC)   3.00L   4.00L   84 AUTOMATED BLOOD COUNT (CBC)   9.00L   10.00L   85 B6 CMDLESTEROL TEST   7.00L   7.00L   7.00L   86 B6 CMDLESTEROL TEST   7.00L   7.00L   7.00L   86 B7 FLOCOLUATION TEST   7.00L   7.00L   86 B7 FLOCOLUATION TEST   7.00L   7.00L   86 B8 HEMATOCRIT   2.50L   4.25L   88 B9 PLATELET COUNT (REES-ECKER)   7.00L   9.00   89 B9 POTASSIUM TEST - BLOOD   8.00L   91 B9 POTASSIUM TEST - BLOOD   8.00L   91 B9 B9 POTASSIUM TEST - BLOOD   8.00L   91 B9 B9 B00D SUGAR   8.00L   91 B9 B00D SUGAR   8.00L   91 B9 B00D SUGAR   8.00L   8.00L   91 B9 B00D SUGAR   8.00L   8.00L   91 B9 B00D SUGAR   8.00L   95 B00D SUGAR						
84 WHITE CELL COUNT   3.00L						
85 COMPLETE BLOOD COUNT (CBC)   9.00L   10.00L   85   85   6 CHOLESTEROL TEST   7.00L   7.00L   7.00L   86   87   FLOCCULATION TEST   7.00L   7.00L   87   88   HEMATOCRIT   7.00L   7.00L   87   88   HEMATOCRIT   7.00L   7.00L   89   90   90   90   90   89   90   90						
86 CHOLESTEROL TEST       7.00L       7.00L       86         87 FLOCCULATION TEST       7.00       7.00       87         88 HEMATOCRIT       2.50L       4.25L       88         89 PLATELET COUNT (REES-ECKER)       7.00       9.00       89         09 POTASSIUM TEST - BLODO       8.00       6.50       90         91 PROTHROMBIN TIME TEST       5.50L       8.00L       91         92 SEDIMENTATION RATE       5.50L       4.75L       92         93 BLODD SUGAR       6.00L       6.65L       93         94 BUN-UREA - NITROGEN       6.00L       8.00       94         95 URIC ACIO       7.50L       8.00L       95         96 FECES-OCCULT BLODO-SCREENING       5.00       6.00       96         97 PAP TEST       7.00L       7.00L       97         98 ROUTINE URINALYSIS       4.00L       4.25L       98         99 CHEMICAL URINALYSIS       3.40       99         100 PATHOLOGY - THREE SPECIMENS       18.00       100         101 ELEC MONITORING-PACEMAKER       18.00       100         102 ONDR NEPHRECTOMY-UNILATERAL       10.30       7.50       105         103 KIONEY TRANSPLANT       102       10.30       7.50 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td></t<>						
87   FLOCCULATION TEST   7,00   7,00   87   88   HEMATOCRIT   2,50   4,25   88   89   PLATELET COUNT (REES-ECKER)   7,00   9,00   89   90   PATASSIUM TEST - 80,00   9,00   89   90   PATASSIUM TEST - 80,00   9,0						
88 HEMATOCRIT       2.50L       4.25L       88         89 PLATELET COUNT (REES-ECKER)       7.00       9.00       88         90 POTASSIUM TEST - BLOOD       8.00       6.50       90         91 PROTHROMBIN TIME TEST       5.50L       8.00L       91         92 SEDIMENTATION RATE       5.00L       4.75L       92         93 BLOOD SUGAR       6.00L       4.55L       93         94 BUN-UREA - NITRGEN       6.00L       8.00       94         95 URIC ACIO       7.50L       8.00L       95         96 FECES-OCCULT BLOOD-SCREENING       7.50L       8.00L       95         97 PAP TEST       7.00L       7.00L       97         98 ROUTINE URINALYSIS       3.40       99         90 CHEMICAL URINALYSIS       3.40       99         90 PATHOLOGY - THREE SPECIMENS       18.00       100         101 ELEC MONITORING-PACEMAKER       101       102         102 CONDR NEPHRECTOMY-UNILATERAL       102       103         103 KIDNEY TRANSPLANT       102       104         105 WALKER - RENTAL       10.30       7.50       105         106 WHEELCHAIR - RENTAL       10.30       7.50       105         106 WHEELCHAIR - RENTAL       70						
89 PLATELET COUNT (REES-ECKER)       7.00       9.00       89         90 POTASSIUM TEST - BLOOD       8.00       6.50       90         91 PROTHROMBIN TIME TEST       5.50L       8.00L       91         92 SEDIMENTATION RATE       5.00L       4.75L       92         93 BLOOD SUGAR       6.00L       6.65L       93         94 BUN-UREA - NITROGEN       6.00L       8.00L       95         95 URIC ACID       7.50L       8.00L       95         96 FECES-OCCULT BLOOD-SCREENING       5.00       6.00       96         97 PAP TEST       7.00L       7.00L       97         98 ROUTINE URINALYSIS       4.00L       4.25L       98         90 CHEMICAL URINALYSIS       3.40       99         100 PATHOLOGY - THREE SPECIMENS       18.00       100         101 ELEC MONITORING-PACEMAKER       101       102         102 ODNOR NEPHRECTOMY-UNILATERAL       101       102         105 WALKER - RENTAL       10.30       7.50       105         105 WALKER - RENTAL       10.30       7.50       105         106 WHEELCHAIR - RENTAL       10.30       7.50       105         107 LTOUIO OXYGEN - RENTAL       23.00L       15.00       106						
90 POTASSIUM TEST - BLOOD 91 PROTHROMBIN TIME TEST. 92 SEOIMENTATION RATE 93 BLOOD SUGAR 96 FLOOD 97 BUTL ACTO 98 BLOOD SUGAR 99 BLOOD SUGAR 90 POTASSIUM TEST. 99 BLOOD SUGAR 90 POTAGE						
91 PROTHROMBIN TIME TEST- 92 SEDIMENTATION RATE 5.00L 4.75L 92 93 BLOOD SUGAR 6.00L 6.65L 93 94 BUN-UREA - NITROGEN 6.00L 8.00 94 95 URIC ACID 7.50L 8.00L 95 96 FECES-OCCULT BLOOD-SCREENING 7.50L 8.00L 95 97 PAP TEST 7.00L 7.00L 7.00L 97 98 ROUTINE URINALYSIS 4.00L 4.25L 98 99 CHEMICAL URINALYSIS 4.00L 4.25L 98 90 CHEMICAL URINALYSIS 18.00 100 101 ELEC MONITORING-PACEMAKER 101 102 ODNOR NEPHRECTOMY-UNILATERAL 101 104 HOSPITAL BEO - RENTAL 49.40 42.20L 104 105 WALKER - RENTAL 23.00L 15.00 106 106 WHEELCHAIR - RENTAL 23.00L 15.00 106 107 LIQUIO DXYGEN - RENTAL 70.00 72.10 107 108 HOSPITAL BEO - PENCHASE 501.00 550.00 109 109 WALKER - PURCHASE 501.00 550.00 109						
92       SEOIMENTATION RATE       5.00L       4.75L       92         93       BLOOD SUGAR       6.00L       6.65L       93         94       BUN-UREA - NITROGEN       6.00L       8.00       94         95       URIC ACIO       7.50L       8.00L       95         96       FECES-OCCULT BLOOD-SCREENING       5.00       6.00       96         97       PAP TEST       7.00L       7.00L       97         98       ROUTINE URINALYSIS       4.00L       4.25L       98         99       CHEMICAL URINALYSIS       3.40       99         100       PATHOLOGY - THREE SPECIMENS       18.00       100         101       ELEC MONITORING-PACEMAKER       101       102         102       ODNOR NEPHRECTOMY-UNILATERAL       101       102         103       KIONEY TRANSPLANT       103       7.50       103         104       HOSPITAL BED - RENTAL       10.30       7.50       105         105       WALKER - RENTAL       10.30       7.50       105         106       WHEELCHAIR - RENTAL       23.00L       15.00       106         107       LIQUID DXYGEN - RENTAL       70.00       72.10       107				8.00	6.50	
93 BLOOD SUGAR 94 BUN-UREA - NITROGEN 95 URIC ACIO 96 FECES-OCCULT BLOOD-SCREENING 96 FECES-OCCULT BLOOD-SCREENING 97 PAP TEST 98 ROUTINE URINALYSIS 99 CHEMICAL URINALYSIS 90 CHEMICAL URINALYSIS 90 CHEMICAL URINALYSIS 91 CONOR NEPHRECTOMY-UNILATERAL 101 COUNDR NEPHRECTOMY-UNILATERAL 102 UNIDRIVE URINALYSIS 103 KIONEY TRANSPLANT 104 HOSPITAL BEO - RENTAL 105 WALKER - RENTAL 106 WHEELCHAIR - RENTAL 107 LIQUIO OXYGEN - RENTAL 108 HOSPITAL BEO - PURCHASE 109 WALKER - PURCHASE 100 COOL OF SOO ON O	91 PROTHROMBIN TIME TEST			5.50L	8.00L	91
94 BUN-UREA - NITROGEN 95 URIC ACIO 96 FECES-OCCULT BLOOD-SCREENING 97 PAP TEST 98 ROUTINE URINALYSIS 99 CHEMICAL URINALYSIS 90 PATHOLOGY - THREE SPECIMENS 100 PATHOLOGY - THREE SPECIMENS 101 ELEC MONITORING-PACEMAKER 101 OONOR NEPHRECTOMY-UNILATERAL 102 OONOR NEPHRECTOMY-UNILATERAL 103 KIONEY TRANSPLANT 104 HOSPITAL BEO - RENTAL 105 WALKER - RENTAL 106 WHEELCHAIR - RENTAL 107 UIQUIO OXYGEN - RENTAL 108 HOSPITAL BEO - PURCHASE 109 WALKER - PURCHASE 100 O COOL OF TOOL OF	92 SECIMENTATION RATE			5.00L	4.75L	92
95 URIC ACIO 96 FECES-OCCULT BLOOD-SCREENING 97 PAP TEST 98 ROUTINE URINALYSIS 99 CHEMICAL URINALYSIS 99 CHEMICAL URINALYSIS 99 CHEMICAL URINALYSIS 99 CHONITORING-PACEMAKER 100 PATHOLOGY - THREE SPECIMENS 101 ELEC MONITORING-PACEMAKER 102 ODNOR NEPHRECTOMY-UNILATERAL 103 KIONEY TRANSPLANT 104 HOSPITAL BEO - RENTAL 105 WALKER - RENTAL 106 WHEELCHAIR - RENTAL 107 LIQUIO OXYGEN - RENTAL 108 HOSPITAL BEO - PURCHASE 109 WALKER - PURCHASE 100 O 6.00 100 0 96	93 BLOOD SUGAR			6.00L	6.65L	93
96 FECES-OCCULT BLOOD-SCREENING 97 PAP TEST 98 ROUTINE URINALYSIS 99 CHEMICAL URINALYSIS 99 CHEMICAL URINALYSIS 100 PATHOLOGY - THREE SPECIMENS 101 ELEC MONITORING-PACEMAKER 102 ODNOR NEPHRECTOMY-UNILATERAL 103 KIONEY TRANSPLANT 104 HOSPITAL BEO - RENTAL 105 WALKER - RENTAL 106 WHEELCHAIR - RENTAL 107 LIQUIO OXYGEN - RENTAL 108 HOSPITAL BEO - PURCHASE 109 WALKER - PURCHASE 100 TOOL TOOL TOOL TOOL TOOL TOOL TOOL TO	94 BUN-UREA - NITROGEN			6.00L	8.00	94
97 PAP TEST 98 ROUTINE URINALYSIS 99 CHEMICAL URINALYSIS 3.40 99 100 PATHOLOGY - THREE SPECIMENS 101 ELEC MONITORING-PACEMAKER 102 URINALYSIS 103 KIONEY TRANSPLANT 104 HOSPITAL BEO - RENTAL 105 WALKER - RENTAL 106 WHEELCHAIR - RENTAL 107 URINALYSIS 108 WHEELCHAIR - RENTAL 108 HOSPITAL BEO - PURCHASE 109 WALKER - PURCHASE 109 WALKER - PURCHASE 109 WALKER - PURCHASE 109 WALKER - PURCHASE 100 T.OOL T.OO	95 URIC ACIO			7.50L	8.00L	95
97 PAP TEST 98 ROUTINE URINALYSIS 99 CHEMICAL URINALYSIS 3.40 99 CHEMICAL URINALYSIS 3.40 99 CHEMICAL URINALYSIS 98 CHEMICAL URINALYSIS 3.40 99 CHEMICAL URINALYSIS 10.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	96 FECES-OCCULT BLOOD-SCREENING					96
98 ROUTINE URINALYSIS 99 CHEMICAL URINALYSIS 3.40 99 100 PATHOLOGY - THREE SPECIMENS 18.00 101 102 CONOR NEPHRECTOMY-UNILATERAL 103 KIONEY TRANSPLANT 104 HOSPITAL BEO - RENTAL 105 WALKER - RENTAL 106 WHEELCHAIR - RENTAL 107 LIQUIO OXYGEN - RENTAL 108 HOSPITAL BEO - PURCHASE 109 WALKER - PURCHASE 109 WALKER - PURCHASE 109 WALKER - PURCHASE 109 WALKER - PURCHASE 100 LIQUIO OXYGEN - SENTAL 109 WALKER - PURCHASE 100 LIQUIO OXYGEN - SENTAL 100 WALKER - PURCHASE 100 WALKER - PURCHASE 100 LIQUIO OXYGEN - SENTAL 100 LIQUIO OXYGEN - SENTAL 100 LIQUIO OXYGEN - SENTAL 100 WALKER - PURCHASE 100 WALKER - PURCHASE						
99 CHEMICAL URINALYSIS 100 PATHOLOGY - THREE SPECIMENS 101 ELEC MONITORING-PACEMAKER 102 OONOR NEPHRECTOMY-UNILATERAL 103 KIONEY TRANSPLANT 104 HOSPITAL BEO - RENTAL 105 WALKER - RENTAL 106 WHEELCHAIR - RENTAL 107 LIQUIO OXYGEN - RENTAL 108 HOSPITAL BEO - PURCHASE 109 WALKER - PURCHASE 109 WALKER - PURCHASE 109 WALKER - PURCHASE 109 WALKER - PURCHASE 100	98 ROUTINE URINALYSIS					
100 PATHOLOGY - THREE SPECIMENS   18.00   100   101   ELEC MONITORING-PACEMAKER   101   102   103   102   103   105						
101   ELEC MONITORING-PACEMAKER   101   102   102   103   104   105						
102 00NOR NEPHRECTOMY-UNILATERAL 103 KIONEY TRANSPLANT 104 HOSPITAL BEO - RENTAL 105 WALKER - RENTAL 106 WHEELCHAIR - RENTAL 107 LIQUIO OXYGEN - RENTAL 108 HOSPITAL BEO - PURCHASE 109 WALKER - PURCHASE 109 WALKER - PURCHASE 100 UNO NEPHRECTOMY-UNILATERAL 101 U10						
103 KIONEY TRANSPLANT       103         104 HOSPITAL BEO - RENTAL       49.40       42.20L       104         105 WALKER - RENTAL       10.30       7.50       105         106 WHEELCHAIR - RENTAL       23.00L       15.00       106         107 LIQUID DXYGEN - RENTAL       70.00       72.10       107         108 HOSPITAL BEO - PURCHASE       453.00L       695.00       108         109 WALKER - PURCHASE       501.00       550.00       109						
104 HOSPITAL BEO - RENTAL       49.40       42.20L       104         105 WALKER - RENTAL       10.30       7.50       105         106 WHEELCHAIR - RENTAL       23.00L       15.00       106         107 LIQUID DXYGEN - RENTAL       70.00       72.10       107         108 HOSPITAL BEO - PURCHASE       453.00L       695.00       108         109 WALKER - PURCHASE       501.00       550.00       109						
105 WALKER - RENTAL       10.30       7.50       105         106 WHEELCHAIR - RENTAL       23.00L       15.00       106         107 LIQUID DXYGEN - RENTAL       70.00       72.10       107         108 HOSPITAL BED - PURCHASE       453.00L       695.00       108         109 WALKER - PURCHASE       501.00       550.00       109				40, 40	42 201	
106 WHEELCHAIR - RENTAL       23.00L       15.00       106         107 LIQUID DXYGEN - RENTAL       70.00       72.10       107         108 HOSPITAL BED - PURCHASE       453.00L       695.00       108         109 WALKER - PURCHASE       501.00       550.00       109						
107 LIQUIO 0XYGEN - RENTAL       70.00       72.10       107         108 HOSPITAL BED - PURCHASE       453.00L       695.00       108         109 WALKER - PURCHASE       501.00       550.00       109						
108 HOSPITAL BED - PURCHASE       453.00L       695.00       108         109 WALKER - PURCHASE       501.00       550.00       109						
109 WALKER - PURCHASE 501.00 550.00 109						
110 WHEELCHAIR - PURCHASE 206.00L 250.00 110						
	TTO WHEELCHAIR - PURCHASE			206.00L	250.00	110

ILLINOIS

## **ILLINOIS**



"E.D.S. Federal Corporation"
Sixteen localities

							,	
	1981 PREVAILING CHARGE SUMMARY	OATA E	.O.S. FEOER	AL CORPORAT	ION	ILL	INDIS	
		LOCALITY	OESIGNATION	FOR GENERA	L PRACTICE	LOCALI	TY DESIGNAT	ION
	PROCEOURE DESCRIPTION	01	02	03	04	01	02	
	INITIAL BRIEF OFFICE VISIT					20.00	30.00	2
	INITIAL LIMITEO OFFICE VISIT	20.00	23.60*	15.00	31.50*	20.00	30.00	:
	INITIAL INTERMEO OFFICE VISIT					31.50*	39.40*	2
	INITIAL COMP OFFICE VISIT	28.60*	8.50*	31.50*	27.25*	31.50*	47.30*	3
	MINIMAL FOLLOWUP OFFICE VISIT	4.70*	9.50*	12.20*	8.00	6.30*	4.70*	
	BRIEF FOLLOWUP OFFICE VISIT	7.90*	11.00*	9.50*	9.50*	11.00*	12.50*	
	LIMITEO FOLLOWUP OFFICE VISIT	7.90*	11.00*	9.50*	9.50*	11.00*	12.50*	
	INTERMEDIATE F/U OFFICE VISIT	13.00	18.90*	15.00	15.00	16.00	17.00	
1	EXTENDED F/U OFFICE VISIT	12.00	31.50*	18.00	36.70*	20.00	20.00	
)	COMP FOLLOWUP OFFICE VISIT	19.70*	24.40*	24.40*	31.50*	36.70*	47.30*	4
	BRIEF FOLLOWUP HOME VISIT	15.00	20.00	15.00	17.50	20.50*	20.00	2
	LIMITEO FOLLOWUP HOME VISIT					15.80*	20.00	
	INTERMOIATE F/U HOME VISIT	24.60*	21.40*	20.70*	19.10*	24.10*	24.70*	2
	EXTENDED CARE FACILITY VISIT					17.40*	17.60*	
	BRIEF F/U NURSING HOME VISIT	11.00*	13.00	15.00	11.00*	15.00	15.80*	

# N FOR SPECIALIST

PROCEOURE DESCRIPTION	01	02	03	04	01	02	03	04	
1 INITIAL BRIEF OFFICE VISIT					20.00	30.00	23.60*	31.50*	1
2 INITIAL LIMITEO OFFICE VISIT	20.00	23.60*	15.00	31.50*	20.00	30.00	23.60*	31.50*	2
3 INITIAL INTERMEO OFFICE VISIT					31.50*	39.40*	27.60*	40.00	3
4 INITIAL COMP OFFICE VISIT	28.60*	8.50*	31.50*	27.25*	31.50*	47.30*	39.40*	55.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT	4.70*	9.50*	12.20*	8.00	6.30*	4.70*	4.70*	4.70*	5
6 BRIEF FOLLOWUP OFFICE VISIT	7.90*	11.00*	9.50*	9.50*	11.00*	12.50*	11.00*	12.50*	6
7 LIMITEO FOLLOWUP OFFICE VISIT	7.90*	11.00*	9.50*	9.50*	11.00*	12.50*	11.00*	12.50*	7
8 INTERMEDIATE F/U OFFICE VISIT	13.00	18.90*	15.00	15.00	16.00	17.00	16.00	17.00	8
9 EXTENDED F/U OFFICE VISIT	12.00	31.50*	18.00	36.70*	20.00	20.00	15.00	23.60*	9
10 COMP FOLLOWUP OFFICE VISIT	19.70*	24.40*	24.40*	31.50*	36.70*	47.30*	44.80*	23.60*	10
11 BRIEF FOLLOWUP HOME VISIT	15.00	20.00	15.00	17.50	20.50*	20.00	21.70*	15.00	11
12 LIMITED FOLLOWUP HOME VISIT	24 60+	24 40+	20 70+	40 40+	15.80*	20.00	15.40*	19.00*	12
13 INTERMOIATE F/U HOME VISIT	24.60*	21.40*	20.70*	19.10*	24.10*	24.70*	25.00	25.00	13
14 EXTENDED CARE FACILITY VISIT 15 BRIEF F/U NURSING HOME VISIT	11.00*	13.00	15.00	44 00+	17.40* 15.00	17.60*	15.90* 12.50*	17.00* 12.50*	14
16 INITIAL BRIEF HOSPITAL VISIT	23.60*	23.60*	31.50*	11.00* 35.00	31.50*	15.80* 39.40*	39.40*	39.40*	15 16
17 INIT INTERMED HOSPITAL VISIT	23.60*	23.60*	31.50*	35.00	31.50*	55.00	50.00	55.00	17
18 INITIAL COMP HOSPITAL VISIT	50.00	51.30*	40.00	60.90*	60.90*	60.00	55.00	55.30*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	9.50*	11.00*	11.00*	11.00*	11.00*	15.80*	12.50*	12.50*	19
20 LIMITEO F/U HOSPITAL VISIT	15.80*	23.60*	18.90*	15.80*	16.00	20.00	23.60*	20.00	20
21 INTERMEO F/U HOSPITAL VISIT	15.80*	23.60*	18.90*	15.80*	16.00	20.00	23.60*	20.00	21
22 EXTENDED F/U HOSPITAL VISIT	13.00	20.00	10.30	15.00	11.90*	35.00	19.80*	30.00	22
23 BRIEF EMERGENCY ROOM VISIT					100.00	100.00	100.00	100.00	23
24 LIMITEO EMERGENCY ROOM VISIT					100.00	100.00	100.00	100.00	24
25 INTERMED EMERGENCY ROOM VISIT					100.00	100.00	100.00	100.00	25
26 LIMITEO CONSULTATION	40.00	50.00	49.60*	40.00	45.90*	39.40*	39.40*	39.40*	26
27 EXTENSIVE CONSULTATION					47.30*	50.00	50.00	39.40*	27
28 COMPREHENSIVE CONSULTATION					55.30*	55.30*	75.00	55.30*	28
29 PSYCHOTHERAPY-ONE HOUR					43.80*	15.80*	55.00	23.60*	29
30 PSYCHOTHERAPY-HALF HOUR					31.10*	19.10*	28.00*	14.40*	30
31 CHIROPRACTIC OFFICE VISIT	18.00	18.00	18.00	18.00	11.00	12.00	12.00	12.00	31
32 INITIAL PHYSIOTHERAPY					24.00	24.00	24.00	24.00	32
33 F/U POOIATRIC OFFICE VISIT					11.00*	12.50*	11.00*	12.50*	33
34 ELECTROCAROIOGRAM (EKG)	20.00	23.60*	20.00	28.40*	21.00	22.00	19.80*	25.00	34
35 EKG-INTERPRET AND REPORT ONLY	4.70*	8.40*	15.80*	8.40*	16.00	14.00	7.75	16.00	35
36 SPIROMETRY					30.00	14.00	30.00	30.00	36
37 ELECTROENCEPHALOGRAM (EEG)					18.90*	20.00	18.90*	20.00	37
38 CHEMOTHERAPY					7.00	13.50	19.90*	21.20*	38
39 COLLECTION OF SPECIMENS					7.00	4.50	5.00	9.00	39
40 DEBRIDEMENT OF NAILS					24.30*	22.50*	23.10*	23.10*	40
41 SKIN BIOPSY					39.80*	15.80*	47.30*	31.50*	41
42 CHEMOCAUTERY					59.75*	135.00*	12.80*	54.80*	42
43 RADICAL MASTECTOMY					637.80*	354.90*	552.20*	927.20*	43
44 OPEN REDUCTION OF FRACTURE		45.00.	45.00.	45.00	946.60*	867.80*	631.10*	473.30*	44
45 ARTHROCENTESIS-MAJOR JOINT	18.90*	15.80*	15.80*	15.80*	19.10*	23.60*	12.50*	23.60*	45
46 CORONARY ARTERY BYPASS					2457.30*	2866.80*	2285.50*	2099.10* 354.90*	46 47
47 TOTAL ARTIFICIAL HIP REPLACE					1913.20*	1341.10* 36.00	1800.00 36.00	36.00	48
48 NEEOLE PUNCTURE OF BURSA 49 BRONCHOSCOPY					36.00 141.90*	157.80*	157.80*	165.70*	49
50 THORACENTESIS					69.60*	55.30*	49.30*	30.40*	50
51 CATHERIZATION OF HEART					382.90*	397.20*	517.30*	318.30*	51
52 INSERTION OF PACEMAKER					1266.30*	1170.20*	1205.30*	1205.20*	52
53 PARTIAL COLECTOMY					788.80*	788.80*	828.20*	883.60*	53
54 APPENDECTOMY	459.20*	459.20*	459.20*	459.20*	584.40*	394.40*	394.40*	394.40*	54
55 SIGMOIOOSCOPY					35.00	31.50*	35.00	39.40*	55

1981	PREVAILING CHARGE SUMMARY		OESIGNATION			ILLINOIS LOCALITY DESIGNATION FOR SPECIALIST				
PR	ROCEDURE DESCRIPTION	01	02	03	04	01	02	03	04	
	RRHOIDECTOMY					354.90*	394.40*	236.70*	331.40*	56
	CYSTECTOMY					662.50*	625.00	631.10*	710.00	57
	R HERNIA	CO 00**	E0 00	E7 20+	EO 00	394.40* 55.30*	426.00* 50.00	394.40* 55.30*	386.50*	58
	NOSTIC CYSTOURETHROSCOPY	63.80*	50.00	57.30*	50.00	25.00	15.80*	7.90*	47.30* 18.90*	59 60
	TION OF URETHRA  TATECTOMY - SUPRAPUBIC					883.60*	946.60*	757.30+	757.30*	61
	ROSECTION-PROSTATE (TUR)	471.20*	1000.00	830.80*	715.40*	758.60*	737.50+	691.20*	638.50*	62
63 HYSTE		471.20	1000.00	000.00	713.40	651.20*	788.80*	631.10*	773.10+	63
	AL COMPLETE EYE EXAM					18.60*	24.20*	13.40*	26.00*	64
	REHENSIVE EYE EXAM					24.70*	26.90*	21.80*	29.40*	65
	XAM WITH TONOMETRY					25.00	25.00	15.00	25.00	66
	ACTION OF LENS&	765.30*	740.00	765.30*	765.30*	828.20*	740.00	631.10*	631.10*	67
68 CHEST	X-RAY - SINGLE VIEW	15.00	26.00	15.00	18.00	11.00	10.00	10.00	11.00	68
69 CHEST	X-RAY - TWO VIEWS	23.60*	25.20*	18.90#	28.40*	26.80*	25.20*	23.60*	28.40*	69
70 X-RAY	SPINE					40.00	43.00	24.00	39.40*	70
71 X-RAY	HIP					28.90*	18.90*	23.60*	23.60*	7.1
72 X-RAY	UPPER GI TRACT	15.80*	60.00	55.50*	54.40*	53.50	30.00	39.40*	53.50	72
73 X-RAY						48.00	51.00	39.40*	48.00	73
	TION THERAPY-LOW VOLT	29.30*	20.30*	20.30*	20.30*	29.30*	20.30*	20.30*	20.30*	74
	TION THERAPY-SUPER VOLT									75
	TION THERAPY-MEGAVOLT									76
	SCAN - HEAD					237.00	237.00	237.00	237.00	77
	SCAN - ABOOMEN					300.00	300.00	300.00	300.00	78
	CHEMISTRY TESTS					20.00	26.50	21.00	17.00	79
	TEEN CHEMISTRY TESTS					32.00	24.00	32.00	25.00	80 81
82 HEMOG	JRE - OTHER THAN BLOOD					21.00 6.00L	17.60 6.00L	12.00 6.00L	22.00 6.00L	82
	MATEO BLOOD COUNT					12.00	11.00	10.00	10.00	83
	CELL COUNT					6.00L	6.00L	6.00L	6.00L	84
	ETE BLOOD COUNT (CBC)					8.00L	8.00L	8.00L	8.00L	85
	STEROL TEST					7.00L	7.00L	7.00	7.00L	86
	CULATION TEST					34.00	34.00	34.00	34.00	87
88 HEMAT						6.00L	6.00L	6.00L	6.00L	88
89 PLATE	LET COUNT (REES-ECKER)					7.00	6.00	6.00	8.00	89
90 POTAS	SSIUM TEST - BLOOD					11.60	8.00	8.00	8.00	90
91 PROTH	ROMBIN TIME TEST					5.00L	5.00L	5.00L	5.00L	91
	MENTATION RATE					5.00L	5.00L	4.00	5.00L	92
93 BL000						6.00L	6.00L	6.00L	6.00L	93
	JREA - NITROGEN					7.00L	7.00L	7.00L	7.00L	94
95 URIC						7.00L	7.00L	7.00L	7.00L	95
	S-OCCULT BLOOD-SCREENING					5.00	3.00	4.50	4.00	96
97 PAP 1	NE URINALYSIS					7.50L	7.50L	7.50L	7.50L	97
	ICAL URINALYSIS					4.00L 5.00	4.00L 5.50	4.00L 5.00	4.00L 5.50	98 99
	DLOGY - THREE SPECIMENS					23.00	20.00	19.00	24.00	100
	MONITORING-PACEMAKER					24.00*	35.00	24.00*	28.40*	101
	NEPHRECTOMY-UNILATERAL					1359.90+	1344.70*	1441.30+	1376.30*	102
	Y TRANSPLANT					2127.60+	2056.10*	2123.30+	2047.20*	103
	TAL BEO - RENTAL					42.00L	42.00L	42.00L	42.00L	104
	R - RENTAL					25.00	14.00	25.00	25.00	105
	CHAIR - RENTAL					22.50L	22.50L	22.50L	22.5QL	106
	O OXYGEN - RENTAL					38.50	38.50	38.50	38.50	107
	TAL BEO - PURCHASE					157.87L	157.87L	157.87L	157.87L	108
	ER - PURCHASE					45.70	49.20	45.70	45.70	109
110 WHEEL	CHAIR - PURCHASE					197.40L	197.40L	197.40L	197.40L	110

1981 PREVAILING CHARGE SUMMARY DATA E.O.S. FEDERAL CORPORATION
LOCALITY DESIGNATION FOR GENERAL PRACTICE

ILLINOIS LOCALITY OESIGNATION FOR SPECIALIST

						_	_		
PROCEOURE DESCRIPTION	05	06	07	08	05	06	07	08	
1 INITIAL BRIEF OFFICE VISIT					23.60*	25.00	23.60*	24.60*	1
2 INITIAL LIMITEO OFFICE VISIT	20.00	20.00	10.00	18.90*	23.60*	25.00	23.60*	24.60*	2
3 INITIAL INTERMED OFFICE VISIT	20.00				47.30*	23.60*	31.50*	31.50*	3
4 INITIAL COMP OFFICE VISIT	27.50*	26.20*	29.70*	23.60*	39.40*	27.00	39.40*	47.30*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	4.70*	5.00	8.00	5.00	4.70*	4.70*	5.00	4.00	5
6 BRIEF FOLLOWUP OFFICE VISIT	11.80*	9.50*	11.60*	9.50*	16.00	11.00*	11.00*	11.00*	6
7 LIMITEO FOLLOWUP OFFICE VISIT	11.80*	9.50*	11.60*	9.50*	16.00	11.00*	11.00*	11.00*	7
8 INTERMEDIATE F/U OFFICE VISIT	17.30*	15.80*	14.00	17.30*	19.00	18.90*	14.00	17.00	8
9 EXTENDED F/U OFFICE VISIT	11.00*	30.00	14.00	24.00	15.80*	20.00	14.00	18.90*	9
10 COMP FOLLOWUP OFFICE VISIT	23.60*	24.40*	23.25*	7.90*	47.30*	36.70*	39.40*	22.10*	10
11 BRIEF FOLLOWUP HOME VISIT	25.00	20.00	20.00	19.50*	24.30*	21.20*	22.00	15.00	11
12 LIMITEO FOLLOWUP HOME VISIT					17.80*	15.70*	15.80*	17.50*	12
13 INTERMOIATE F/U HOME VISIT	26.60*	20.30*	21.10*	19.50*	24.70*	25.00	25.00	25.00	13
14 EXTENDED CARE FACILITY VISIT					15.10*	20.40*	17.40*	16.00	14
15 BRIEF F/U NURSING HOME VISIT	15.00	15.00	15.00	12.50*	15.80*	15.80*	10.00	15.00	15
16 INITIAL BRIEF HOSPITAL VISIT	23.60*	39.00	23.60*	31.50*	47.30*	39.40*	31.50*	23.60*	16
17 INIT INTERMED HOSPITAL VISIT					47.30*	39.40*	46.00	45.00	17
18 INITIAL COMP HOSPITAL VISIT	50.00	50.00	40.00	50.00	47.30*	59.00	55.00	47.30*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	11.00*	11.00*	9.50*	11.00*	12.50*	15.80*	11.00*	11.00*	19
20 LIMITEO F/U HOSPITAL VISIT	16.00	18.90*	15.80*	15.80*	16.00	23.60*	20.00	23.30	20
21 INTERMEO F/U HOSPITAL VISIT	16.00	18.90*	15.80*	15.80*	16.00	23.60*	20.00	23.30	21
22 EXTENOED F/U HOSPITAL VISIT					19.80*	15.70	7.90*	19.80*	22
23 BRIEF EMERGENCY ROOM VISIT					100.00	100.00	100.00	100.00	23 24
24 LIMITED EMERGENCY ROOM VISIT					100.00	100.00	100.00 100.00	100.00 100.00	25
25 INTERMED EMERGENCY ROOM VISIT	20 40*	20 40+	24 50+	22 60+	100.00 39.40*	39.40*	31.50*	39.40*	26
26 LIMITED CONSULTATION	20.40*	20.40*	31.50*	23.60*	39.40*	55.30*	39.40*	39.40*	27
27 EXTENSIVE CONSULTATION					39.40*	60.00	31.50*	39.40*	28
28 COMPREHENSIVE CONSULTATION 29 PSYCHOTHERAPY-ONE HOUR					31.50*	35.00	31.50*	26.80*	29
30 PSYCHOTHERAPY-HALF HOUR					15.20*	26.40*	21.40	25.50	30
31 CHIROPRACTIC OFFICE VISIT	18.00	18.00	18.00	18.00	12.00	12.00	10.00	11.00	31
32 INITIAL PHYSIOTHERAPY	10.00	.0.00	10.00	.0.00	24.00	24.00	24.00	24.00	32
33 F/U PODIATRIC OFFICE VISIT					12.50*	11.00*	11.00*	11.00*	33
34 ELECTROCAROIOGRAM (EKG)	23.60*	23.60*	23.00	23.60*	23.60*	18.90*	23.60*	23.60*	34
35 EKG-INTERPRET AND REPORT ONLY	15.70*	4.70*	8.40*	8.40*	4.70*	8.20*	23.00	16.00	35
36 SPIROMETRY				_	30.00	30.00	30.00	30.00	36
37 ELECTROENCEPHALOGRAM (EEG)					20.00	20.00	18.90*	18.90*	37
38 CHEMOTHERAPY					18.90*	20.00	21.80*	20.50*	38
39 COLLECTION OF SPECIMENS					5.00	6.00	5.00	6.00	39
40 DEBRIDEMENT OF NAILS					22.50*	20.20*	20.90*	19.80*	40
41 SKIN BIOPSY					23.60*	23.60*	15.80*	39.40*	41
42 CHEMOCAUTERY					66.50*	12.80*	12.50*	118.70*	42
43 RADICAL MASTECTOMY					788.80*	788.80*	631.10*	552.20*	43
44 OPEN REDUCTION OF FRACTURE					757.30*	752.80*	563.10*	710.00*	44
45 ARTHROCENTESIS-MAJOR JOINT	23.60*	18.90*	31.50*	15.80*	7.90*	9.90*	15.80*	19.10*	45
46 CORONARY ARTERY BYPASS					2921.30*	2731.40*	2866.80*	2866.80*	46
47 TOTAL ARTIFICIAL HIP REPLACE					1009.70*	946.60*	1262.10*	946.60*	47
48 NEEOLE PUNCTURE OF BURSA					36.00	36.00	36.00	36.00	48
49 BRONCHOSCOPY					157.80*	157.80*	197.20*	197.20*	49
50 THORACENTESIS					55.30*	25.40*	69.60*	69.60*	50
51 CATHERIZATION OF HEART					550.00	267.80*	382.90*	382.90*	51
52 INSERTION OF PACEMAKER					1169.50*	1054.50*	1086.80*	1029.00*	52 53
53 PARTIAL COLECTOMY	450.00:	450 20:	4E0 20÷	450 20+	805.00	788.80*	788.80* 394.40*	788.80* 315.50*	53 54
54 APPENOECTOMY	459.20*	459.20*	459.20*	459.20*	315.50*	331.40*	394.40*	39.40*	54 55
55 SIGMOIOOSCOPY					39.40*	39.40*	39.40*	35.40*	55

1981	PREVAILING	CHARGE	SUMMARY	DATA	E.O.S.	FEOERAL	CORPORATIO	NC
				LOCALITY	DESIGN	NATION FO	OR GENERAL	PRACTICE

ILLINOIS
LOCALITY OESIGNATION FOR SPECIALIST

		LUCALITY	OE STGINATION	I FOR GENERA	L PRACTICE	LOCAL	TIT OLSIGIAM	I TON TOK SP	ECTALIST	
	PROCEOURE DESCRIPTION	05	06	07	08	05	06	07	08	
56	HEMORRHOIOECTOMY					394.40*	315.50*	315.50*	354.90*	56
57	CHOLECYSTECTOMY					568.00*	631.10*	591.70*	607.50*	57
58	REPAIR HERNIA					394.40*	394.40*	339.20*	354.90*	58
59	DIAGNOSTIC CYSTOURETHROSCOPY	57.30*	57.30*	57.30+	57.30*	78.90*	55.30*	47.30*	55.30*	59
60	OILATION OF URETHRA					15.80*	23.60*	15.80*	15.80*	60
61	PROSTATECTOMY - SUPRAPUBIC					631.10*	552.20*	788.80*	631.10*	61
62	ELECTROSECTION-PROSTATE (TUR)	1000.00	787.30*	899.10*	787.50*	583.70*	770.70*	675.20*	612.10*	62
	HYSTERECTOMY					757.30*	710.00*	591.70*	710.00*	63
	INITIAL COMPLETE EYE EXAM					28.00	25.00	15.80*	15.80*	64
	COMPREHENSIVE EYE EXAM					35.00	34.80*	20.50*	24.70*	65
	EYE EXAM WITH TONOMETRY					30.00	25.00	25.00	25.00	66
	EXTRACTION OF LENS	765.30*	750.00	765.30*	765.30*	631.10*	710.00*	788.80*	788.80*	67
	CHEST X-RAY - SINGLE VIEW	21.00	12.00	15.00	23.60*	11.00	11.00	11.00	12.00	68
	CHEST X-RAY - TWO VIEWS	26.80*	15.80*	23.60*	23.60*	28.40*	23.60*	23.60*	30.00	69
	X-RAY SPINE					31.50*	39.40*	39.40*	39.40*	70
	X-RAY HIP					29.00	29.00	25.80*	26.10*	71
	X-RAY UPPER GI TRACT	47.30*	49.20*	50.30*	55.30*	53.50	53.50	53.50	53.50	72
	X-RAY COLON					47.30*	48.00	48.00	27.00	73
	RADIATION THERAPY-LOW VOLT	27.40*	29.30*	27.40*	29.30*	27.40*	29.30*	27.40*	29.30*	74
	RADIATION THERAPY-SUPER VOLT									75
	RADIATION THERAPY-MEGAVOLT									76
	CAT SCAN - HEAD					237.00	237.00	237.00	237.00	77
	CAT SCAN - ABOOMEN					300.00	300.00	300.00	300.00	78
	THREE CHEMISTRY TESTS					30.00	38.00	23.00	25.00	79
	NINETEEN CHEMISTRY TESTS					25.00	25.00	25.00	36.00	80
	CULTURE - OTHER THAN BLOOD					20.00	21.00	18.00	14.50	81
-	HEMOGLOBIN					6.00	6.00L	6.00L	6.00L	82
	AUTOMATEO BLOOD COUNT					12.00	9.00	9.00	10.00	83
	WHITE CELL COUNT					6.00L	6.00L	6.00L	6.00L	84
	COMPLETE BLOOD COUNT (CBC)					8.00L	8.00L	8.00L	8.00L	85
	CHOLESTEROL TEST					7.00L	7.00L	7.00	7.00L	86
	FLOCCULATION TEST					34.00	34.00	34.00	34.00	87
	HEMATOCRIT					6.00L	6.00L	6.00L	6.00L	88
	PLATELET COUNT (REES-ECKER)					10.00	7.00	7.00	8.50	89
	POTASSIUM TEST - BLOOD					10.00	10.00	8.00	8.00	90
	PROTHROMBIN TIME TEST					5.00L	5.00L	5.00L	5.00L	91
	SECIMENTATION RATE					5.00L	5.00	5.00	5.00L	92
	BLOOD SUGAR					6.00L	6.00L	6.00L	6.00L	93
	BUN-UREA - NITROGEN URIC ACIO					7.00L	7.00L	7.00	7.00L	94
	FECES-OCCULT BLOOD-SCREENING					7.00L	7.00L	7.00	7.00L	95
	PAP TEST					6.00	5.00	3.00	5.00	96
						7.50L	7.50L	7.50L	7.50L	97
	ROUTINE URINALYSIS					4.00L	4.00L	4.00L	4.00L	98
	CHEMICAL URINALYSIS					8.00	6.00	4.50	6.00	99
	PATHOLOGY - THREE SPECIMENS ELEC MONITORING-PACEMAKER					18.00	23.00	16.00	15.00	100
	OONOR NEPHRECTOMY-UNILATERAL					35.00 1414.70*	24.00*	24.00*	24.00*	101
	KIONEY TRANSPLANT					2062.50*	1333.60*	1307.50*	1376.30*	102
	HOSPITAL BEO - RENTAL						2118.70+	2122.30+	2076.00*	103
	WALKER - RENTAL					35.00	42.00L	42.00L	40.00	104
	WHEELCHAIR - RENTAL					25.00 18.00	25.00	25.00	12.00	105 106
	LIQUIO OXYGEN - RENTAL					38.50	22.50L 38.50	22.50L 38.50	20.00	106
	HOSPITAL BEO - PURCHASE					157.87L			38.50	107
	WALKER - PURCHASE					45.70	157.87L 45.70	157.87L 45.70	157.87L 45.70	108
	WHEELCHAIR - PURCHASE					197.40L	197.40L	197.40L	197.40L	110
	WILLESTIATE FORGINGE					137.40L	137.4UL	197.4UL	137.40L	110

1981 PREVAILING CHARGE SUMMARY		.D.S. FEDER DESIGNATION				INOIS TY OESIGNAT	ION FOR SPE	ECIALIST	
PROCEOURE DESCRIPTION	09	10	11	12	09	10	11	12	
1 INITIAL BRIEF OFFICE VISIT					28.40*	23.60*	23.60*	23.60*	1
2 INITIAL LIMITEO OFFICE VISIT	20.00	15.00	15.80*	18.90*	28.40*	23.60*	23.60*	23.60*	2
3 INITIAL INTERMED OFFICE VISIT					31.50*	27.60*	39.40*	39.40*	3
4 INITIAL COMP OFFICE VISIT	23.70*	27.40*	25.60*	23.40*	46.00	41.50*	39.40*	39.40*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	1.60*	6.30*	6.30*	3.20*	4.70*	4.70*	3.20*	4.70*	5
6 BRIEF FOLLOWUP OFFICE VISIT	14.00	9.40*	7.90*	8.30*	14.10*	12.90*	11.00*	15.00	6
7 LIMITED FOLLOWUP OFFICE VISIT	14.00	9.40*	7.90*	8.30*	14.10*	12.90*	11.00*	15.00	7
8 INTERMEDIATE F/U OFFICE VISIT	14.00	12.50*	15.80*	15.00	17.00	15.80*	15.80*	15.80*	8
9 EXTENDED F/U OFFICE VISIT	12.00	25.00	18.00	10.60*	15.40*	25.00	14.50*	14.50*	9
10 COMP FOLLOWUP OFFICE VISIT	24.40*	24.40*	15.80*	7.90*	39.40*	12.50*	11.00*	15.80*	10
11 BRIEF FOLLOWUP HOME VISIT	20.00	21.00*	16.50*	18.50*	22.00	22.00	22.00	18.00	11
12 LIMITED FOLLOWUP HOME VISIT	20.00	21.00	10.00	10.00	20.00	18.60*	15.40*	20.00	12
13 INTERMOIATE F/U HOME VISIT	20.00*	21.00*	16.50*	18.50*	25.00	25.00	25.00	25.00	13
14 EXTENDED CARE FACILITY VISIT	20.00	21.00	10.50	10.50	18.30*	12.80*	15.90*	17.10*	14
15 BRIEF F/U NURSING HOME VISIT	15.00	15.80*	11.00*	12.50*	15.00	15.80*	15.80*	15.00	15
16 INITIAL BRIEF HOSPITAL VISIT	31.50*	23.60*	23.60*	23.60*	47.30*	31.50*	31.50*	31.50*	16
17 INIT INTERMED HOSPITAL VISIT	31.30*	23.00-	23.00*	23.00*	47.30*	55.30*	70.90*	47.30*	17
18 INITIAL COMP HOSPITAL VISIT	55.00	40.00	39.70*	40.00	60.00	63.10*	70.90*	47.30*	
									18
19 BRIEF FOLLOWUP HOSPITAL VISIT	11.00*	11.00*	11.00*	9.50*	12.50*	12.50*	12.50*	12.50*	19
20 LIMITED F/U HOSPITAL VISIT	15.80*	20.00	15.80*	15.80*	25.00	15.00	20.00	25.00	20
21 INTERMED F/U HOSPITAL VISIT	15.80*	20.00	15.80*	15.80*	25.00	15.00	20.00	25.00	21
22 EXTENDED F/U HOSPITAL VISIT					20.00	24.30*	13.00	30.00	22
23 BRIEF EMERGENCY ROOM VISIT					100.00	100.00	100.00	100.00	23
24 LIMITEO EMERGENCY ROOM VISIT					100.00	100.00	100.00	100.00	24
25 INTERMED EMERGENCY ROOM VISIT					100.00	100.00	100.00	100.00	25
26 LIMITED CONSULTATION	31.50*	39.40*	25.00	39.40*	39.40*	18.90*	35.50*	39.40*	26
27 EXTENSIVE CONSULTATION					39.40*	23.60*	39.40*	39.40*	27
28 COMPREHENSIVE CONSULTATION					55.30*	39.40*	39.40*	47.30*	28
29 PSYCHOTHERAPY-ONE HOUR					31.50*	39.40*	31.50*	23.60*	29
30 PSYCHOTHERAPY-HALF HOUR					26.70*	18.90*	16.40*	22.80*	30
31 CHIROPRACTIC OFFICE VISIT	18.00	18.00	18.00	18.00	18.00	12.00	12.00	12.00	31
32 INITIAL PHYSIOTHERAPY					24.00	24.00	24.00	24.00	32
33 F/U PODIATRIC OFFICE VISIT					12.50*	12.50*	11.00*	11.00*	33
34 ELECTROCAROIOGRAM (EKG)	23.60*	25.00	18.90*	23.60*	23.60*	23.60*	18.90*	23.60*	34
35 EKG-INTERPRET AND REPORT ONLY	6.40*	8.40*	11.90*	7.90*	16.00	16.00	16.00	16.00	35
36 SPIROMETRY					30.00	30.00	30.00	25.00	36
37 ELECTROENCEPHALOGRAM (EEG)					20.00	20.00	20.00	20.00	37
38 CHEMOTHERAPY					15.00	15.90*	19.90*	15.00	38
39 COLLECTION OF SPECIMENS					4.00	8.00	5.00	8.00	39
40 DEBRIDEMENT OF NAILS					23.10*	22.40*	22.20*	20.20*	. 40
41 SKIN BIOPSY					36.75	39.40*	23.60*	63.10*	41
42 CHEMOCAUTERY					61.30*	56.20*	132.90*	78.90*	42
42 DADICAL MASTECTOMY					637 80*	473 30*	433 90*	631 10*	43

433.90\*

552.20\*

2053.40\*

1140.00\*

36.00

118.30\*

49.30\*

517.30\*

631.10\*

394.40\*

39.40\*

1152.30\*

19.10\*

637.80\*

883.60\*

2533.10\*

1000.00

36.00

197.20\*

402.60\*

1203.60\*

800.00

473.30\*

39.40\*

39.40\*

15.80\*

473.30\*

710.00\*

2373.20\*

1236.90\*

36.00

236.70\*

310.40\*

923.00\*

473.30\*

26.80\*

1162.50\*

63.10\*

12.50\*

631.10\*

946.60\*

2237.40\*

1341.10\*

36.00

157.80\*

321.40\*

670.50\*

394.40\*

23.60\*

1054.10\*

55.30\*

23.60\*

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44

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43 RADICAL MASTECTOMY

49 BRONCHOSCOPY

54 APPENDECTOMY

55 SIGMOIDOSCOPY

50 THORACENTESIS

44 OPEN REDUCTION OF FRACTURE

45 ARTHROCENTESIS-MAJOR JOINT

47 TOTAL ARTIFICIAL HIP REPLACE

46 CORONARY ARTERY BYPASS

51 CATHERIZATION OF HEART 52 INSERTION OF PACEMAKER

53 PARTIAL COLECTOMY

48 NEEDLE PUNCTURE OF BURSA

18.80\*

459.20\*

12.80\*

459.20\*

77

15.80\*

459.20\*

6.30\*

459.20\*

1981 PREVAILING CHARGE SUMMAR		E.O.S. FEOER OESIGNATION				LINOIS ITY DESIGNA	ECIALIST		
PROCEOURE DESCRIPTION	09 -	10	11,	12	09	10	11	12	
56 HEMORRHOIOECTOMY					378.50*	418.10*	276.10*	276.10*	56
57 CHOLECYSTECTOMY					750.00	662.50*	631.40*	631.10*	57
58 REPAIR HERNIA					394.40*	394.40*	354.90*	378.50*	58
59 OIAGNOSTIC CYSTOURETHROSCOPY	50.00	57.30*	57.30*	57.30*	47.30*	39.40*	55.30*	55.30*	59
60 DILATION OF URETHRA					7.90*	15.80*	20.40*	20.00	60
61 PROSTATECTOMY - SUPRAPUBIC					710.00*	867.80*	788.80*	788.80*	61
62 ELECTROSECTION-PROSTATE (TUR)	787.10*	786.40*	874.20*	705.60*	669.60*	698.00*	685.60*	750.00	62
63 HYSTERECTOMY					670.50*	788.80*	631.10*	710.00*	63
64 INITIAL COMPLETE EYE EXAM					24.00	26.30*	24.00	14.80*	64
65 COMPREHENSIVE EYE EXAM					36.00	32.10*	26.00*	20.20*	65
66 EYE EXAM WITH TONOMETRY					22.50	25.00	25.00	25.00	66
67 EXTRACTION OF LENS	765.30*	765.30*	765.30*	765.30*	631.10*	631.10*	749.40*	725.80*	67
68 CHEST X-RAY - SINGLE VIEW	19.80*	15.80*	15.80*	15.00	11.00	11.00	11.00	10.00	68
69 CHEST X-RAY - TWO VIEWS	23.60*	23.60*	15.80*	23.60*	23.60*	23.60*	19.90*	23.60*	69
70 X-RAY SPINE					31.50*	39.40*	31.50*	35.00	70
71 X-RAY HIP					23.60*	23.60*	21.50*	22.00	71
72 X-RAY UPPER GI TRACT	46.40*	47.60*	48.60*	55.90*	53.50	53.50	39.40*	15.80*	72
73 X-RAY COLON					48.00	48.00	43.80*	47.00	73
74 RADIATION THERAPY-LOW VOLT	20.30*	27.40*	20.30*	27.40*	20.30*	27.40*	20.30*	27.40*	74
75 RADIATION THERAPY-SUPER VOLT									75
76 RADIATION THERAPY-MEGAVOLT									76
77 CAT SCAN - HEAO					237.00	237.00	237.00	237.00	7 <b>7</b>
78 CAT SCAN - ABOOMEN					300.00	300.00	300.00	300.00	78
79 THREE CHEMISTRY TESTS					15.00	26.00	27.00	20.00	79
80 NINETEEN CHEMISTRY TESTS					28.00	22.00	30.00	23.00	80
81 CULTURE - OTHER THAN BLOOD					17.50	21.00	20.00	20.00	81
82 HEMOGLOBIN					6.00L	6.00L	6.00	6.00L	82
83 AUTOMATEO BLOOD COUNT					9.00	9.00	9.50	8.00	83
84 WHITE CELL COUNT					6.00L	6.00L	6.00L	6.00L	84
85 COMPLETE BLOOD COUNT (CBC)					8.00L	8.00	8.00L	8.00L	85
86 CHOLESTEROL TEST					7.00	7.00	7.00L	7.00L	86
87 FLOCCULATION TEST					45.00	34.00	34.00	34.00	87
88 HEMATOCRIT					6.00L	6.00L	6.00L	6.00L	88
89 PLATELET COUNT (REES-ECKER)					5.00	7.50	7.00	6.50	89
90 POTASSIUM TEST - BLOOD					5.00	6.00	8.00	6.00	90
91 PROTHROMBIN TIME TEST					5.00L	5.00L	5.00L	5.00L	91
92 SEOIMENTATION RATE					5.00	5.00L	5.00L	5.00	92
93 BLOOD SUGAR					6.00L	6.00L	6.00L	6.00L	93
94 BUN-UREA - NITROGEN					7.00	7.00L	6.50	7.00L	94
95 URIC ACIO					7.00L	7.00L	7.00L	7.00L	95
96 FECES-OCCULT BLOOD-SCREENING 97 PAP TEST					4.00	6.00	5.00	4.00	96
98 ROUTINE URINALYSIS					7.50L	7.50L	7.50L	7.50	97 98
99 CHEMICAL URINALYSIS					4.00L	4.00L	4.00L	4.00L	99
100 PATHOLOGY - THREE SPECIMENS					5.00 23.00	6.00 18.00	5.00 23.00	5.00 25.00	100
101 ELEC MONITORING-PACEMAKER					29.40	34.10*	24.00+	27.25*	101
102 OONOR NEPHRECTOMY-UNILATERAL					1474 . 10+	34.10*	1453.75*	1394.30+	102
103 KIONEY TRANSPLANT					2074.10*	2072.70*	2153.30+	2134.20*	103
104 HOSPITAL BEO - RENTAL					42.00L	42.00L	42.00L	42.00	104
105 WALKER - RENTAL					25.00	25.00	20.00	10.00	105
106 WHEELCHAIR - RENTAL					22.50L	22.50L	22.50L	22.00	106
107 LIQUIO OXYGEN - RENTAL					38.50	38.50	38.50	38.50	107
108 HOSPITAL BEO - PURCHASE					157.87L	157.87L	157.87L	157.87L	108
109 WALKER - PURCHASE					45.70	45.70	45.70	52.00	109
110 WHEELCHAIR - PURCHASE					197.40L	197.40L	197.40L	197.40L	110

1981	PREVAILING	CHARGE	SUMMARY	DATA	E.O.S.	FEOERAL	L C01	RPORATIO	ON /	
				LOCALITY	DESIGN	NOITAN	FOR (	GENERAL	PRACTICE	Ξ

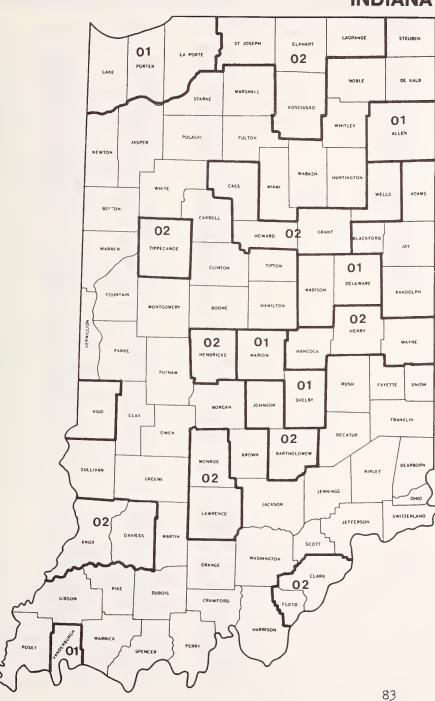
ILLINOIS LOCALITY DESIGNATION FOR SPECIALIST

	LUCALITY	DESIGNATION	FOR GENERA	L PRACTICE	LOCALI	TY DESIGNAT	TION FOR SPI	ECIALIST	
PROCEDURE DESCRIPTION	13	14	15	16	13	14	15	16	
1 INITIAL BRIEF OFFICE VISIT					20.00	25.00	31.50*	16.70*	1
2 INITIAL LIMITED OFFICE VISIT	14.00	15.80*	25.00	24.80*	20.00	25.00	31.50*	16.70*	2
3 INITIAL INTERMED OFFICE VISIT			20.00	21100	31.50*	25.00	39.40*	49.70*	3
4 INITIAL COMP OFFICE VISIT	35.00	30.00	23.60*	34.80*	15.80*	60.00	58.00	33.60*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	4.70*	3.20*	13.20*	11.90*	6.30*	3.20*	6.30*	14.00	5
6 BRIEF FOLLOWUP OFFICE VISIT	12.00	9.50*	15.00	15.00	12.00	15.00	13.60*	20.00	
7 LIMITEO FOLLOWUP OFFICE VISIT	12.00	9.50*	15.00	15.00	12.00	15.00	13.60*	20.00	6 7
8 INTERMEDIATE F/U OFFICE VISIT	15.80*	15.80*	18.90*	20.00	15.80*	20.00	20.00	23.00	8
9 EXTENDED F/U OFFICE VISIT	23.50	21.50	21.50	23.60*	15.00	20.00	18.90*	24.80*	9
10 COMP FOLLOWUP OFFICE VISIT	15.80*	25.20*	12.50*	31.50*	15.60*	39.40*	34.70*	41.40*	10
11 BRIEF FOLLOWUP HOME VISIT	20.00	20.00	24.20*	23.60*	22.00	22.00	25.00	25.00	11
12 LIMITEO FOLLOWUP HOME VISIT	20.00	20.00	24.20	20.00	18.10*	19.00*	18.40*	20.00	12
13 INTERMOIATE F/U HOME VISIT	23.25*	22.70*	24.20*	40.00	25.00	25.00	21.20*	25.00	13
14 EXTENDED CARE FACILITY VISIT	23.25	22.70	24.20	40.00	15.60*	15.40*	17.30*	24.80*	14
15 BRIEF F/U NURSING HOME VISIT	12.50*	9.50*	18.00	13.10*	11.00*	12.50*	18.90*	16.70*	15
16 INITIAL BRIEF HOSPITAL VISIT	35.00	31.50*	39.40*	41.40*	31.50*	31.50*	47.30*	55.00	16
17 INIT INTERMED HOSPITAL VISIT	35.00	31.30*	35.40*	41.40*	55.30*	50.50*	70.00		
	E0 00	EE 00	60.00	60.00				56.00	17
18 INITIAL COMP HOSPITAL VISIT	50.00	55.00	60.00	60.00 16.70*	63.10* 15.80*	63.10* 9.50*	75.00 15.80*	75.00	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	15.00	9.50*	15.80*					25.00	19
20 LIMITED F/U HOSPITAL VISIT	23.60*	23.60*	23.60*	25.00	21.00	25.00	30.00	30.00	20
21 INTERMEO F/U HOSPITAL VISIT	23.60*	23.60*	23.60*	25.00	21.00	25.00	30.00	30.00	21
22 EXTENDED F/U HOSPITAL VISIT					29.60*	20.30*	15.80*	30.00	22
23 BRIEF EMERGENCY ROOM VISIT					100.00	100.00	100.00	100.00	23
24 LIMITEO EMERGENCY ROOM VISIT					100.00	100.00	100.00	100.00	24
25 INTERMED EMERGENCY ROOM VISIT			45.00	05.00	100.00	100.00	100.00	100.00	25
26 LIMITEO CONSULTATION	9.50*	23.60*	15.80*	35.00	47.30*	28.40*	55.30*	58.00*	26
27 EXTENSIVE CONSULTATION					39.40*	40.00	55.30*	54.10*	27
28 COMPREHENSIVE CONSULTATION					47.30*	63.10*	78.90*	82.80*	28
29 PSYCHOTHERAPY-ONE HOUR					39.40*	48.90*	39.40*	55.00	29
30 PSYCHOTHERAPY-HALF HOUR					19.00*	30.00	27.50*	33.10*	30
31 CHIROPRACTIC OFFICE VISIT	18.00	18.00	18.00	25.00	12.00	12.00	15.00	15.00	31
32 INITIAL PHYSIOTHERAPY					24.00	24.00	24.00	24.00	32
33 F/U PODIATRIC OFFICE VISIT					9.50*	9.50*	15.00	15.00	33
34 ELECTROCAROIOGRAM (EKG)	23.60*	23.60*	21.00	24.80*	20.00	20.00	23.60*	24.80*	34
35 EKG-INTERPRET AND REPORT ONLY	8.40*	7.20*	12.50*	8.20*	11.90*	7.90*	10.00	8.20*	35
36 SPIROMETRY					30.00	30.00	18.00	39.20*	36
37 ELECTROENCEPHALOGRAM (EEG)					20.00	18.90*	20.00	15.00	37
38 CHEMOTHERAPY					19.50*	15.50	26.10*	21.00	38
39 COLLECTION OF SPECIMENS					5.00	10.00	10.00	7.50	39
40 DEBRIDEMENT OF NAILS					23.50*	20.10*	20.90*	21.70*	40
41 SKIN BIOPSY					39.40*	47.30*	39.40*	41.40*	41
42 CHEMOCAUTERY					60.30*	53.60*	125.30*	82.80*	42
43 RADICAL MASTECTOMY					394.40*	637.80*	788.80*	911.80*	43
44 OPEN REDUCTION OF FRACTURE					631.10*	757.30*	788.80*	1243.40*	44
45 ARTHROCENTESIS-MAJOR JOINT	15.80*	14.20*	31.50*	49.70*	11.00*	9.50*	25.00	40.00	45
46 CORONARY ARTERY BYPASS				*	2866.80*	2360.60*	3284.70*	4018.30*	46
47 TOTAL ARTIFICIAL HIP REPLACE					1415.25*	1343.00*	1577.70*	1900.50*	47
48 NEEOLE PUNCTURE OF BURSA					36.00	36.00	36.00	35.00	48
49 BRONCHOSCOPY					157.80*	141.90*	220.70*	207.20*	49
50 THORACENTESIS					39.40*	55.30*	78.90*	75.00	50
51 CATHERIZATION OF HEART					369.90*	376.25*	517.90*	400.00	51
52 INSERTION OF PACEMAKER					1218.60*	1046.00*	1086.50*	1132.80*	52
53 PARTIAL COLECTOMY					946.60*	710.00*	1065.00*	1243.40*	53
54 APPENOECTOMY	459.20*	459.20*	459.20*	580.20*	473.30*	315.50*	552.20*	580.20*	54
55 SIGMOIOOSCOPY					35.00	31.50*	39.40*	39.40*	55

PROCEOURE DESCRIPTION 13 14 15 16 13 14 15  56 HEMORRHOIDECTOMY 57 CHOLECYSTECTOMY 58 REPAIR HERNIA 59 DIAGNOSTIC CYSTOURETHROSCOPY 57.30*	16  497.40* 56 829.00* 57 497.40* 58 66.30* 59 19.90* 60 1077.60* 61 953.20* 62
57 CHOLECYSTECTOMY 631.10* 615.30* 788.80* 58 REPAIR HERNIA 394.40* 315.50* 473.30*	829.00* 57 497.40* 58 66.30* 59 19.90* 60
58 REPAIR HERNIA 394.40* 315.50* 473.30*	497.40* 58 66.30* 59 19.90* 60 1077.60* 61
	66.30* 59 19.90* 60 1077.60* 61
59 OIAGNOSTIC CYSTOURETHROSCOPY 57.30* 57.30* 57.30* 66.30* 55.30* 47.30* 78.90*	19.90* 60 1077.60* 61
	1077.60* 61
60 OILATION OF URETHRA 15.80* 9.50* 15.80*	
61 PROSTATECTOMY - SUPRAPUBIC 631.10* 796.70* 883.60*	953.20 * 62
62 ELECTROSECTION-PROSTATE (TUR) 1000.00 785.70* 1000.00 829.00* 818.70* 615.20* 750.90*	
63 HYSTERECTOMY 631.10* 757.30* 907.20*	994.80* 63
64 INITIAL COMPLETE EYE EXAM 16.80* 17.60* 30.00	33.10* 64
65 COMPREHENSIVE EYE EXAM 18.10* 21.70* 37.00	38.50* 65
66 EYE EXAM WITH TONOMETRY 25.00 25.00 20.00	15.80* 66
67 EXTRACTION OF LENS 765.30* 765.30* 765.30* 994.80* 710.00* 631.10* 867.80*	994.80* 67
68 CHEST X-RAY - SINGLE VIEW 15.80* 15.00 23.00 22.00* 9.00 11.00 11.00	11.00 68
69 CHEST X-RAY - TWO VIEWS 15.80* 23.60* 25.20* 26.50* 30.00 28.40* 28.40*	30.00 69
70 X-RAY SPINE 34.70* 40.00 35.00	42.00 70
71 X-RAY HIP 25.20* 29.00 23.60*	30.00 71
72 X-RAY UPPER GI TRACT 40.00* 55.30* 47.30* 55.00 15.80* 53.50 47.30*	52.00 72
73 X-RAY COLON 47.30* 48.00 47.30*	45.00 73
74 RADIATION THERAPY-LOW VOLT 11.90* 20.30* 27.40* 24.80* 11.90* 20.30* 27.40*	24.80* 74
75 RAOIATION THERAPY-SUPER VOLT	75
76 RAOIATION THERAPY-MEGAVOLT	76
77 CAT SCAN - HEAD 237.00 237.00 237.00	237.00 77
78 CAT SCAN - ABOOMEN 300.00 300.00 300.00	300.00 78
79 THREE CHEMISTRY TESTS 36.00 29.00 25.50	24.00 79
80 NINETEEN CHEMISTRY TESTS 30.00 32.50 30.00	30.00 80
81 CULTURE - OTHER THAN BLOOD 13.00 21.00 25.00	23.00 - 81
82 HEMOGLOBIN 6.00L 6.00L	6.00L 82
83 AUTOMATEO BLOOD COUNT 10.00 9.00 12.00	10.00 83
84 WHITE CELL COUNT 6.00 6.00	6.00L 84
85 COMPLETE BLOOD COUNT (CBC) 8.00L 8.00L 8.00L	8.00L 85
86 CHOLESTEROL TEST 7.00L 7.00L 7.00L	7.00L 86
87 FLOCCULATION TEST 34.00 34.00 34.00	34.00 87
88 HEMATOCRIT 6.00L 6.00L	6.00L 88
89 PLATELET COUNT (REES-ECKER) 8.00 7.00 10.00	7.00 89
90 POTASSIUM TEST - BL000 7.00 8.00 9.00	8.00 90
91 PROTHROMBIN TIME TEST 5.00L 5.00L 5.00L	5.00L 91
92 SEDIMENTATION RATE 5.00 5.00L 5.00L	5.00L 92
93 BL000 SUGAR 6.00L 6.00L	6.00L 93
94 BUN-UREA - NITROGEN 7.00L 7.00L	7.00L 94
95 URIC ACIO 7.00L 7.00L	7.00L 95
96 FECES-OCCULT BLOOD-SCREENING 3.00 12.00 5.00	6.00 96
97 PAP TEST 7.50L 7.50L 7.50L	7.50L 97
98 ROUTINE URINALYSIS 4.00L 4.00L 4.00L	4.00L 98
99 CHEMICAL URINALYSIS 5.00 5.75 6.00	6.00 99
100 PATHOLOGY - THREE SPECIMENS 25.00 18.50 21.00	25.00 100
101 ELEC MONITORING-PACEMAKER 24.00 24.00 25.00 25.00	35.00 101
	285.60* 102
	103
104 HOSPITAL BEO - RENTAL 42.00L 42.00L 42.00L	42.00L 104
105 WALKER - RENTAL 25.00 25.00 14.00	25.00 105
106 WHEELCHAIR - RENTAL 20.00 22.50L 22.50L	22.50L 106
107 LIQUIO OXYGEN - RENTAL 38.50 38.50 38.50	46.00 107
108 HOSPITAL BEO - PURCHASE 157.87L 157.87L 157.87L	157.87L 108
109 WALKER - PURCHASE 59.90 45.70 45.70	45.00 109
110 WHEELCHAIR - PURCHASE 197.40L 197.40L 372.75	197.40L 110

INDIANA

## INDIANA



Three Localities:

01 - Metropolitan

02 - Urban

03 - Rural

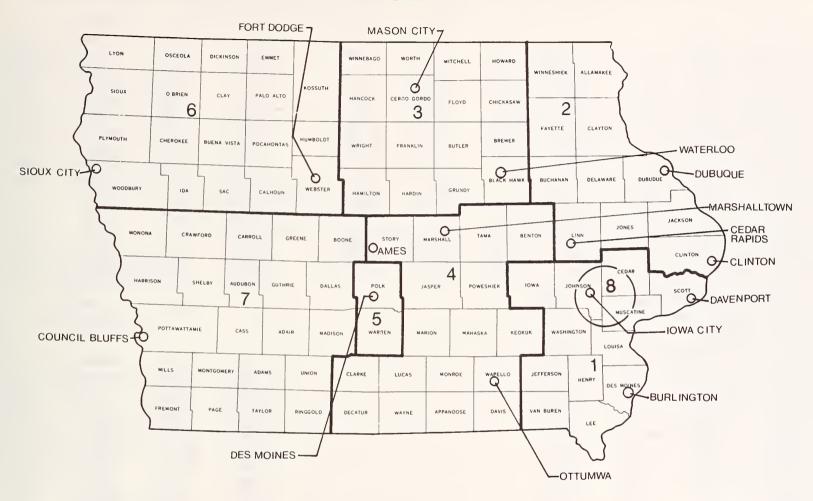
(For more locality information see Apendix A)

1981 PREVAILING CHARGE SUMMARY	OATA MUTU LOCALITY OES	AL MEDICAL		PRACTICE	INOIA LOCALITY		N FOR SPECIALI	ST
PROCEOURE DESCRIPTION	REG 01	REG 02	REG 03		REG 01	REG 02	REG 03	
1 INITIAL BRIEF OFFICE VISIT					16.60*	13.30*	11.60*	1
2 INITIAL LIMITEO OFFICE VISIT	18.20*	16.60*	14.90*		19.90*	. 16.00	15.00	2
3 INITIAL INTERMED OFFICE VISIT					49.70*	19.90+	20.00	3
4 INITIAL COMP OFFICE VISIT	35.00	33.20*	30.00		58.00*	49.70*	40.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT	13.30*	11.60*	9.90+		16.60+	13.30*	11.60*	5
6 BRIEF FOLLOWUP OFFICE VISIT	13.30+	11.60*	9.90*		16.60*	13.30+	11.60*	5 6
7 LIMITEO FOLLOWUP OFFICE VISIT	18.20*	16.60*	14.90+		19.90+	16.00	15.00	7
8 INTERMEDIATE F/U OFFICE VISIT	18.20*	16.60*	14.90*		19.90+	16.00	15.00	8
9 EXTENDED F/U OFFICE VISIT	18.20*	16.60*	16.60+		49.70+	19.90+	20.00	9
10 COMP FOLLOWUP OFFICE VISIT	35.00	33.20+	30.00		58.00+	49.70*	40.00	10
11 BRIEF FOLLOWUP HOME VISIT	19.90*	18.00	16.60*		16.60*	19.90*	10.00*	11
12 LIMITEO FOLLOWUP HOME VISIT	13.30	10.00	10.00		21.60+	21.60*	21.60*	12
13 INTERMOIATE F/U HOME VISIT	24.90*	19.90*	19.90+		21.60+	21.60*	21.60*	13
14 EXTENDED CARE FACILITY VISIT	24.30	13.30	13.30		24.90+	19.90*	16.60+	14
	15.00	15 00	15 00					
15 BRIEF F/U NURSING HOME VISIT		15.00	15.00		20.00	15.00	16.60*	15
16 INITIAL BRIEF HOSPITAL VISIT	41.50+	40.00	33.20*		66.30*	58.00*	41.50*	16
17 INIT INTERMED HOSPITAL VISIT	44 50+	40.00	22 20+		66.30+	58.00*	41.50+	17
18 INITIAL COMP HOSPITAL VISIT	41.50+	40.00	33.20*		66.30+	58.00*	41.50+	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	13.30+	11.60*	9.90+		16.60+	13.30*	11.60*	19
20 LIMITEO F/U HOSPITAL VISIT	13.30+	11.60+	9.90+		16.60+	13.30+	11.60*	20
21 INTERMEO F/U HOSPITAL VISIT	16.60*	24.90+	16.60+		24.90+	24.90+	25.00	21
22 EXTENDED F/U HOSPITAL VISIT					40.00	40.00.	44.00.	22
23 BRIEF EMERGENCY ROOM VISIT					16.60+	13.30+	11.60*	23
24 LIMITEO ÉMERGENCY ROOM VISIT					24.90*	16.60+	16.60+	24
25 INTERMED EMERGENCY ROOM VISIT					47.90*	47.90*	47.90+	25
26 LIMITEO CONSULTATION								26
27 EXTENSIVE CONSULTATION					75.00	58.00*	58.00*	27
28 COMPREHENSIVE CONSULTATION					69.00	60.00*	59.00+	28
29 PSYCHOTHERAPY-ONE HOUR					41.50*	41.50*	39.00	29
30 PSYCHOTHERAPY-HALF HOUR		0			29.80*	29.80*	29.80*	30
31 CHIROPRACTIC OFFICE VISIT					11.60*	11.60+	10.00	31
32 INITIAL PHYSIOTHERAPY					9.90*	9.90*	13.00	32
33 F/U POOIATRIC OFFICE VISIT					13.30+	13.30*	14.90+	33
34 ELECTROCAROIOGRAM (EKG)					25.00 P	23.00 P	25.00 P	34
35 EKG-INTERPRET AND REPORT ONLY	13.30*P	12.00 P	13.30*P		12.00 P	13.30*P	13.30+P	35
36 SPIROMETRY					45.00.0	55 00 5	50.00.5	36
37 ELECTROENCEPHALOGRAM (EEG) 38 CHEMOTHERAPY					45.00 P	55.00 P	50.00 P	37 38
39 COLLECTION OF SPECIMENS					11.60*	4.00	5.00	39
40 DEBRIDEMENT OF NAILS					16.60*	15.00	12.00	40
41 SKIN BIOPSY					25.00	20.00	25.00	41
42 CHEMOCAUTERY					25.20*	24.70*	29.70+	42
43 RADICAL MASTECTOMY					580.30*	580.30*	580.30*	43
44 OPEN REDUCTION OF FRACTURE					829.00*	746.10+	829.00*	44
45 ARTHROCENTESIS-MAJOR JOINT	33.20*	24.90*	20.00		25.00	24.90+	25.00+	45
46 CORONARY ARTERY BYPASS					3110.10*	2978.60*	2607.00*	46
47 TOTAL ARTIFICIAL HIP REPLACE					1980.00	1658.00+	1658.00+	47
48 NEEOLE PUNCTURE OF BURSA					25.00+	18.00	25.00*	48
49 BRONCHOSCOPY					165.80+	125.00*	150.00	49
50 THORACENTESIS					41.50+	41.50+	41.50+	50
51 CATHERIZATION OF HEART					447.70+	537.20*	537.20*	51
52 INSERTION OF PACEMAKER					895.30*	829.00*	762.70*	52
53 PARTIAL COLECTOMY					829.00*	746.10+	663.20*	53
54 APPENOECTOMY			331.60*		414.50+	373.10+	290.20*	54
55 SIGMOIOOSCOPY					41.50*	35.00	33.20*	55
							00.20	

1981 PREVAILING CHARGE SUMMARY		AL MEDICAL IGNATION FO	INSURANCE DR GENERAL PRACTICE	INOIA LOCALITY		N FOR SPECIALIST	d.
PROCEOURE DESCRIPTION	REG 01	REG 02	REG 03	REG 01	REG 02	REG 03	
56 HEMORRHOIOECTOMY				414.50*	290.20*	350.00	56
57 CHOLECYSTECTOMY				663.20*	580.30*	538.90*	57
58 REPAIR HERNIA				414.50*	331.60*	331.60*	58
59 OIAGNOSTIC CYSTOURETHROSCOPY				58.00*	60.00	58.00*	59
60 OILATION OF URETHRA				16.00	11.60*	16.00	60
61 PROSTATECTOMY - SUPRAPUBIC				829.00*	663.20*	795.80*	61
62 ELECTROSECTION-PROSTATE (TUR)				795.80*	795.80*	795.80*	62
63 HYSTERECTOMY				746.10*	663.20*	746.10*	63
64 INITIAL COMPLETE EYE EXAM				28.00	24.90*	24.00	64
65 COMPREHENSIVE EYE EXAM							65
66 EYE EXAM WITH TONOMETRY							66
67 EXTRACTION OF LENS				800.00	663.20*	704.70*	67
68 CHEST X-RAY - SINGLE VIEW	24.00 P	16.60*P	16.60*P	22.00 P	16.60*P	17.50*P	68
69 CHEST X-RAY - TWO VIEWS	24.90*P	24.90*P	24.00	24.90*P	24.90*	23.50	69
70 X-RAY SPINE				30.50	33.20*	34.80*	70
71 X-RAY HIP				24.00	27.00	23.50	71
72 X-RAY UPPER GI TRACT	49.70*	49.70*	41.50*	49.70*	49.70*	41.50*	72
73 X-RAY COLON				49.70*	49.70*	41.50*	73
74 RAOIATION THERAPY-LOW VOLT				24.90*	20.00	15.00*	74
75 RADIATION THERAPY-SUPER VOLT				24.00	23.20*	15.00*	75
76 RADIATION THERAPY-MEGAVOLT				15.00	15.00	220 20*	76 77
77 CAT SCAN - HEAD				245.00	234.30*	239.20*	77
78 CAT SCAN - ABOOMEN				202.00	202.00	202.00	78 70
79 THREE CHEMISTRY TESTS 80 NINETEEN CHEMISTRY TESTS							79 80
81 CULTURE - OTHER THAN BLOOD				17.50	10.00	12.00	81
82 HEMOGLOBIN				3.00L	3.00L	3.00	82
83 AUTOMATEO BLOOD COUNT				3.00L	3.00L	3.00	83
84 WHITE CELL COUNT				3.00L	3.00	3.00L	84
85 COMPLETE BLOOD COUNT (CBC)				7.50L	7.50L	7.50L	85
86 CHOLESTEROL TEST				8.00	6.00	7.00	86
87 FLOCCULATION TEST				5.50	4.20	6.00	87
88 HEMATOCRIT				4.00	3.00	3.00	88
89 PLATELET COUNT (REES-ECKER)				8.00	7.00	8.00	89
90 POTASSIUM TEST - BLOOD				8.00	6.30	10.00	90
91 PROTHROMBIN TIME TEST				7.00	6.00	8.00	91
92 SEOIMENTATION RATE				6.00	5.00	5.00	92
93 BLOOD SUGAR				7.00	6.00	7.00	93
94 BUN-UREA - NITROGEN				7.50	6.00	9.00	94
95 URIC ACIO				8.50	7.00	7.00	95
96 FECES-OCCULT BLOOD-SCREENING				3.25	5.00	5.00	96
97 PAP TEST				12.00	7.00	6.00L	97
98 ROUTINE URINALYSIS				4.00L	4.00L	4.00L	98
99 CHEMICAL URINALYSIS							99
100 PATHOLOGY - THREE SPECIMENS				20.00	20.00	30.00	100
101 ELEC MONITORING-PACEMAKER				25.00	25.00	27.50	101
102 OONOR NEPHRECTOMY-UNILATERAL				17.50	17.50	17.50	102
103 KIONEY FRANSPLANT				2000.00	1985.80*	1738.10*	103
104 HOSPITAL BEO - RENTAL				49.00L 10.00	49.00L 12.90	49.00L 15.00	104 105
105 WALKER - RENTAL				23.50L	23.50L	23.50L	106
106 WHEELCHAIR - RENTAL				23.50L	23.30L	23.30L	107
107 LIQUIO OXYGEN - RENTAL				319.20L	319.20L	319.20L	108
108 HOSPITAL BEO - PURCHASE 109 WALKER - PURCHASE				44.00	45.00	43.70	109
110 WHEELCHAIR - PURCHASE				239.00L	239.00L	239.00L	110
TO WILLEGIATE PORGHASE				233.002	200.002	200.002	

IOWA

#### **IOWA**



#### Eight Localities:

- 01 Lee, Van Buren, Des Moines, Henry, Jefferson, Louisa, Washington, Muscatine, Johnson (excluding Iowa City), Iowa, Edar & Scott Counties
- 02 Clinton, Jackson, Jones, Linn, Buchanan, Delaward, Dubuque, Clayton, Fayette, alamakee & Winneshiek Counties
- 03 Black Hawk, Grundy, Hardin, Hamilton, Wright, Cerro Gordo, Floyd, Chickasaw, Howard, Mitchell, Worth, Winnebago, Hancock, Franklin, Butler & Brenner
- 04 Denton, Tanna, Marshall, Story, Casper, Paweshiek, Keokuk, Mahaska, Marion, Wapello, Monroe, Lucas, Clarke, Davis Appanoose, Decator Counties

- 05 Polk & Warren Counties
- 06 Kossuth, Humboldt, Webster, Calhoun, Pocahontas, Palo Alto, Emmet, Dickinson, Bueno Vista, Clay, Sac, Ida, Woodbury, Cherokee, Plymouth, O'Brien, Souix, Lyon & Osoelola Counties
- 07 Monora, Crawford, Caroll, Greene, Boone, Harrison, Shelby, Audubon, Guthrie, Dallas, Madison, Adair, Cass, Pottawattamie, Mills, Montgomery, Adams, Union, Fremont, Page, Taylor, & Ringold Counties
- 08 Iowa City (Includes the University of Iowa hospital. The city limits are the boundaries of the locality.)

	1981 PREVAILING CHARGE SUMMARY		S OF IOWA ESIGNATION	FOR GENERAL	PRACTICE	IOW LOCALI		ION FOR SPE	CIALIST	
	PROCEOURE DESCRIPTION	01	02	03	04	01	02	03	04	
1	INITIAL BRIEF OFFICE VISIT					12.00	9.90*	12.40*	11.60*	1
2	INITIAL LIMITEO OFFICE VISIT	24.90*	24.90*	24.90*	24.90*	33.20*	50.00	33.20*	37.00	2
3	INITIAL INTERMED OFFICE VISIT					20.00	13.30*	16.60*	24.90*	3
4	INITIAL COMP OFFICE VISIT	48.50*	33.20*	25.00*	33.20*	35.00	50.00	33.20*	50.00	4
5	MINIMAL FOLLOWUP OFFICE VISIT	4.00	4.00	6.00	4.00	3.00	6.60*	5.00	5.00	5
6	BRIEF FOLLOWUP OFFICE VISIT	9.90*	9.90*	9.90*	8.30*	12.00	9.90*	12.40*	11.60*	6
7	LIMITEO FOLLOWUP OFFICE VISIT	17.00	15.00	13.00	16.60*	20.00	13.30*	16.60*	24.90*	7
8	INTERMEDIATE F/U OFFICE VISIT	17.00	15.00	13.00	16.60*	20.00	13.30*	16.60*	24.90*	8
9	EXTENDED F/U OFFICE VISIT	24.90*	24.90*	24.90*	24.90*	33.20*	50.00	33.20*	37.00	9
10	COMP FOLLOWUP OFFICE VISIT	48.50*	33.20*	25.00*	33.20*	35.00	50.00	33.20*	50.00	10
1.1	BRIEF FOLLOWUP HOME VISIT	16.60*	16.60*	14.90*	16.60*	16.60*	16.60*	14.90*	16.60*	1.1
12	LIMITEO FOLLOWUP HOME VISIT					24.90*	20.70*	19.90+	16.60*	12
13	INTERMOIATE F/U HOME VISIT	16.60*	16.60*	14.90*	16.60*	16.60+	16.60*	14.90*	16.60*	13
14	EXTENDED CARE FACILITY VISIT					12.00*	12.00*	12.00*	12.00*	14
15	BRIEF F/U NURSING HOME VISIT	10.00*	9.90*	9.90*	8.30*	13.30*	10.00*	12.40*	11.60*	15
16	INITIAL BRIEF HOSPITAL VISIT	9.90*	9.90*	9.90*	11.60*	11.60*	13.30*	13.30*	13.30*	16
17	INIT INTERMED HOSPITAL VISIT					49.70*	60.00	49.70*	11.50*	17
18	INITIAL COMP HOSPITAL VISIT	24.90*	33.20*	33.20*	31.50*	49.70*	60.00	49.70*	41.50*	18
19	BRIEF FOLLOWUP HOSPITAL VISIT	9.90*	9.90*	9.90*	11.60*	11.60*	13.30*	13.30*	13.30*	19
20	LIMITEO F/U HOSPITAL VISIT	24.90*	11.60*	15.00	16.60*	16.60*	14.90*	16.60*	16.60*	20
21	INTERMEO F/U HOSPITAL VISIT	24.90*	11.60*	15.00	16.60*	16.60*	14.90+	16.60*	16.60*	21
22	EXTENOEO F/U HOSPITAL VISIT					16.60*	14.90+	16.60*	16.60*	22
23	BRIEF EMERGENCY ROOM VISIT									23
24	LIMITEO EMERGENCY ROOM VISIT						10.30	12.40*		24
25	INTERMED EMERGENCY ROOM VISIT							8.30*		25
26	LIMITEO CONSULTATION									26
27	EXTENSIVE CONSULTATION									27
28	COMPREHENSIVE CONSULTATION									28
29	PSYCHOTHERAPY-ONE HOUR									29
30	PSYCHOTHERAPY-HALF HOUR					17.60*	14.00	14.90*	14.90*	30
31	CHIROPRACTIC OFFICE VISIT					11.60*	10.00	10.00	10.00	31
	INITIAL PHYSIOTHERAPY					9.80*	9.80*	9.80*	9.80*	32
	F/U POOIATRIC OFFICE VISIT					11.60*	11.60*	13.30*	11.60*	33
	ELECTROCAROIOGRAM (EKG)					25.00	22.00	20.00	25.00	34
	EKG-INTERPRET AND REPORT ONLY					7.50	8.50	6.75	8.30*	35
	SPIROMETRY					22.50	15.00	22.50	20.00	36
	ELECTROENCEPHALOGRAM (EEG)					100.00	100.00	100.00	100.00	37
	CHEMOTHERAPY					18.40*	13.40*	20.20*	22.90*	38
	COLLECTION OF SPECIMENS					3.00*	3.60*	3.00*	4.50*	39
	OEBRIOEMENT OF NAILS					14.00	15.00	14.00*	14.90*	40
	SKIN BIOPSY					29.80*	29.80*	29.80*	29.80*	41
	CHEMOCAUTERY					50.00*	50.00	50.00	50.00	42
	RADICAL MASTECTOMY					580.30*	600.00	663.20*	605.00	43
	OPEN REDUCTION OF FRACTURE					572.00*	547.10+	505.70*	538.90*	44
	ARTHROCENTESIS-MAJOR JOINT	25.00*	30.00*	25.00*	25.00*	32.00*	32.00	32.00*	32.00*	45
	CORONARY ARTERY BYPASS					32.00*	32.00	32.00*	32.00*	46
	TOTAL ARTIFICIAL HIP REPLACE					829.00*	829.00*	829.00*	829.00*	47
	NEEOLE PUNCTURE OF BURSA					24.00*	24.00*	24.00+	24.00*	48
	BRONCHOSCOPY					165.80*	165.80*	140.90*	124.40*	49
	THORACENTESIS					41.50*	41.50*	41.50+	41.50*	50
	CATHERIZATION OF HEART					497.40*	497.40*	497.40*	497.40*	51
	INSERTION OF PACEMAKER					663.20*	663.20*	663.20*	532.00*	52
	PARTIAL COLECTOMY					829.00*	820.00	829.00*	580.30*	53
	APPENOECTOMY	290.00	290.00	290.00	270.00	331.60*	373.10*	331.60*	331.60*	54
55	SIGMOIOOSCOPY					41.00	33.20*	25.00*	25.00*	55

1981 PREVAILING CHARGE SUMMAR		/S OF IOWA DESIGNATION	FOR GENERA	L PRACTICE	IOV LOCALI		ION FOR SPE	CIALIST	
PROCEOURE DESCRIPTION	01	02	03	04	01	02	03	04	
56 HEMORRHOIDECTOMY					290.20*	290.20*	331.60*	270.00	56
57 CHOLECYSTECTOMY					580.30	580.30*	580.30	497.40*	57
58 REPAIR HERNIA					331.60*	375.00	331.60*	331.60*	58
59 DIAGNOSTIC CYSTOURE, THROSCOPY					49.70*	49.70*	82.90*	49.70*	59
60 DILATION OF URETHRA					19.00*	18.00	22.00*	19.00*	60
61 PROSTATECTOMY - SUPRAPUBIC					663.20*	663.20*	663.20*	663.20*	61
62 ELECTROSECTION-PROSTATE (TUR)					663.20*	663.20*	746.10*	663.20*	62
63 HYSTERECTOMY					621.75*	646.60*	580.30*	663.20*	63
64 INITIAL COMPLETE EYE EXAM					26.40	23.90*	24.00	16.60*	64
65 COMPREHENSIVE EYE EXAM					26.40	23.90*	24.00	16.60*	65
66 EYE EXAM WITH TONOMETRY									66
67 EXTRACTION OF LENS					704.70*	746.10*	663.20*	746.10*	67
68 CHEST X-RAY - SINGLE VIEW	20.00	19.90*	16.60*	24.90*	19.00	15.00	24.20	24.90*	68
69 CHEST X-RAY - TWO VIEWS	24.90*	24.90*	25.00	24.90*	24.00	24.90*	24.90*	24.90*	69
70 X-RAY SPINE					30.00	24.90*	15.00	33.20*	70
71 X-RAY HIP					24.90*	24.90*	17.50*	24.90*	71
72 X-RAY UPPER GI TRACT	48.00*	48.00	33.20*	48.00	49.70*	50.00	35.00*	40.00	72
73 X-RAY COLON					41.50*	49.50	35.00*	45.00	73
74 RADIATION THERAPY-LOW VOLT									74
75 RADIATION THERAPY-SUPER VOLT									75
76 RADIATION THERAPY-MEGAVOLT					17.00	17.00	17.00	17.00	76
77 CAT SCAN - HEAD					210.00	210.00	210.00	210.00	77
78 CAT SCAN - ABDOMEN					80.00	80.00	80.00	80.00	78
79 THREE CHEMISTRY TESTS					16.00	21.20	11.00	12.00	79
80 NINETEEN CHEMISTRY TESTS					34.50	22.00	23.00	21.50	80
81 CULTURE - OTHER THAN BLOOD					12.00	11.00	7.50	8.00	81
82 HEMOGLOBIN					3.00L	3.00L	2.00L	3.00L	82
83 AUTOMATEO BLOOD COUNT					9.50	12.00	10.00	10.00	83
84 WHITE CELL COUNT					3.00L	3.00L	2.50L	3.00L	84
85 COMPLETE BLOOD COUNT (CBC)					9.50	10.00L	7.00L	9.00L	85
86 CHOLESTEROL TEST					6.00L	6.00	5.50L	6.00L	86
87 FLOCCULATION TEST					11.00	7.00	7.00	7.00	87
88 HEMATOCRIT					3.00L	3.00	2.50L	2.50L	88
89 PLATELET COUNT (REES-ECKER)					6.00	6.00	6.50	5.50	89
90 POTASSIUM TEST - BLOOD					7.00	8.80	8.00	9.00	90
91 PROTHROMBIN TIME TEST					5.00L	5.00L	4.00L	6.00L	91
92 SEDIMENTATION RATE					3.50L	4.00L	3.50L	5.00L	92
93 BLOOD SUGAR					6.00L	6.00L	5.00L	6.00L	93
94 BUN-UREA - NITROGEN					5.00	6.00L	5.50L	7.50L	94
95 URIC ACIO					6.00L	6.00L	5.00L	6.00L	95
96 FECES-OCCULT BLOOD-SCREENING					4.00	3.50	2.00	4.00	96
97 PAP TEST					7.00L	5.00L	6.00L	7.50L	97
98 ROUTINE URINALYSIS					4.00L	4.00L	3.50L	4.00	98
99 CHEMICAL URINALYSIS					05.00	00.00	00.00	00.00	99
100 PATHOLOGY - THREE SPECIMENS					25.00	22.00	29.00	22.00 30.00	100 101
101 ELEC MONITORING-PACEMAKER					30.00	10.50	30.00	829.00*	-
102 OONOR NEPHRECTOMY-UNILATERAL					895.30*	663.20*	663.20*	029.00*	102 103
103 KIONEY TRANSPLANT					35.00L	25.00	37.50L	29.80*	103
104 HOSPITAL BEO - RENTAL					5.00	3.50	7.00	5.00	105
105 WALKER - RENTAL					14.60	15.00	19.00L	20.00L	106
106 WHEELCHAIR - RENTAL 107 LIQUIO OXYGEN - RENTAL					17.00	.3.00	13.000	20.000	107
					288.00L	288.00L	288.00L	288.00L	108
108 HOSPITAL BEO - PURCHASE 109 WALKER - PURCHASE					44.00	42.00	47.00	47.40	109
110 WHEELCHAIR - PURCHASE					232.00L	235.00L	268.00	156.00L	110
TIO WILLECTIAIR PURCHASE									

	1981 PREVAILING CHARGE SUMMARY		/S OF IOWA DESIGNATION	FOR GENERA	L PRACTICE	IOWA LOCALIT	Y OESIGNAT	ION FOR SPE	CIALIST	
	PROCEOURE DESCRIPTION	05	06	07	08	05	06	07	08	
1	INITIAL BRIEF OFFICE VISIT					12.40*	13.00	14.10*	24.90*	1
	INITIAL LIMITEO OFFICE VISIT	26.50*	24.90*	21.60*	29.80*	43.10*	50.00	50.00	40.00	2
3	INITIAL INTERMED OFFICE VISIT					19.90+	16.60*	16.60*	16.60*	3
4	INITIAL COMP OFFICE VISIT	33.20*	40.00	24.90*	33.20*	46.40*	50.00	50.00		4
5	MINIMAL FOLLOWUP OFFICE VISIT	3.00	3.00	3.00	4.00	5.00	3.00	5.00	9.90*	5
6	BRIEF FOLLOWUP OFFICE VISIT	11.60*	9.90*	9.90*	18.50	12.40*	13.00	14.10*	24.90*	6
7	LIMITEO FOLLOWUP OFFICE VISIT	19.90*	15.00	18.00	16.00	19.90*	16.60*	16.60*	16.60*	7
8	INTERMEDIATE F/U OFFICE VISIT	19.90*	15.00	18.00	16.00	19.90*	16.60*	16.60*	16.60*	8
9	EXTENOEO F/U OFFICE VISIT	26.50*	24.90*	21.60*	29.80*	43.10*	50.00	50.00	40.00	9
10	COMP FOLLOWUP OFFICE VISIT	33.20*	40.00	24.90*	33.20*	46.40*	50.00	50.00	90.00	10
11	BRIEF FOLLOWUP HOME VISIT	16.60*	13.30*	16.60*	16.60*	16.60*	13.30*	16.60*	16.60*	11
12	LIMITEO FOLLOWUP HOME VISIT					25.00	16.60*	24.90*	20.70*	12
13	INTERMOIATE F/U HOME VISIT	16.60*	13.30*	16.60*	16.60*	16.60*	13.30*	16.60*	16.60*	13
14	EXTENDED CARE FACILITY VISIT					12.00*	12.00*	12.00*	12.00*	14
	BRIEF F/U NURSING HOME VISIT	11.60*	9.90*	9.90*	15.00	15.00+	12.00	10.00	15.00	15
	INITIAL BRIEF HOSPITAL VISIT	11.60*	11.60*	11.60*	14.90*	13.30*	11.60*	16.60*	14.90*	16
17	INIT INTERMEO HOSPITAL VISIT					58.00*	58.00*	58.00*	90.00	17
18	INITIAL COMP HOSPITAL VISIT	40.00	33.20*	33.20*	90.00	58.00*	58.00*	58.00*	90.00	18
19	BRIEF FOLLOWUP HOSPITAL VISIT	11.60*	11.60*	11.60*	14.90*	13.30+	11.60*	16.60*	14.90*	19
20	LIMITEO F/U HOSPITAL VISIT	19.90*	24.90*	25.00	19.90*	26.50*	15.00+	25.00*	16.60*	20
21	INTERMEO F/U HOSPITAL VISIT	19.90*	24.90*	25.00	19.90*	26.50*	15.00*	25.00*	16.60*	21
22	EXTENDED F/U HOSPITAL VISIT					26.50*	15.00+	25.00*	16.60*	22
	BRIEF EMERGENCY ROOM VISIT									23
	LIMITEO EMERGENCY ROOM VISIT					10.70	10.70	24.90*	10.70	24
	INTERMED EMERGENCY ROOM VISIT						8.30*	8.30*		25
	LIMITEO CONSULTATION									26
	EXTENSIVE CONSULTATION									27
	COMPREHENSIVE CONSULTATION									28
	PSYCHOTHERAPY-ONE HOUR									29
	PSYCHOTHERAPY-HALF HOUR					17.10*	15.00+	10.00	16.60*	30
	CHIROPRACTIC OFFICE VISIT					11.60*	11.00	10.00	10.00	31
	INITIAL PHYSIOTHERAPY					10.00	9.80*	9.90*	15.00	32
	F/U POOIATRIC OFFICE VISIT					14.90*	11.60*	11.60*	13.30*	33
	ELECTROCAROIOGRAM (EKG)					25.00	25.00	26.00	25.00	34
	EKG-INTERPRET AND REPORT ONLY					5.00	7.50	8.50	8.50	35
	SPIROMETRY					25.00	20.00	22.50	10.00	36
	ELECTROENCEPHALOGRAM (EEG)					100.00	100.00	100.00	100.00	37
	CHEMOTHERAPY					23.00*	11.20*	8.00	24.20*	38
	COLLECTION OF SPECIMENS					4.10*	4.80*	5.00	4.80*	39
	OEBRIOEMENT OF NAILS					14.90*	14.00	14.00+	15.00*	40
	SKIN BIOPSY					29.80*	29.80*	29.80*	29.80*	41
	CHEMOCAUTERY					50.00	50.00	50.00+	50.00	42
	RADICAL MASTECTOMY					663.20*	642.00	650.00	663.20*	43
	OPEN REDUCTION OF FRACTURE	25 00+	25 00+	25 00+	05.00+	480.80*	530.60*	613.50*	671.50*	44
	ARTHROCENTESIS-MAJOR JOINT	25.00*	25.00*	25.00*	25.00*	27.00*	25.00+	32.00*	32.00*	45
	CORONARY ARTERY BYPASS					27.00*	25.00*	32.00*	32.00*	46
	TOTAL ARTIFICIAL HIP REPLACE					829.00*	829.00*	829.00*	829.00*	47
	NEEOLE PUNCTURE OF BURSA					24.00*	24.00*	24.00*	24.00*	48
	BRONCHOSCOPY					227.00	124.40*	165.80*	165.80*	49
	THORACENTESIS					41.50*	41.50+	41.50*	41.50*	50
	CATHERIZATION OF HEART					497.40*	497.40*	497.40*	497.40*	51
	INSERTION OF PACEMAKER					532.00*	663.20*	663.20*	750.00+	52
	PARTIAL COLECTOMY APPENOECTOMY	290.00	280.00	250.00	290 00	911.90*	820.00	829.00*	1036.00	53
	SIGMOIOOSCOPY	250.00	280.00	250.00	290.00	346.50* 40.00	373.10* 35.00	360.00 40.00	331.60* 38.00	54 55
55	31dii01003C0F1					40.00	33.00	40.00	30.00	55

	1981 PREVAILING CHARGE SUMMARY		S/S OF IOWA DESIGNATION	FOR GENERA	L PRACTICE	IOW LOCALI		ION FOR SPE	CIALIST	
	PROCEOURE DESCRIPTION	05	06	07	08	05	06	07	08	
56	HEMORRHOIOECTOMY					373.10*	331.60*	290.20*	290.20*	5 <b>6</b>
57	CHOLECYSTECTOMY					580.30*	580.30*	58.00*	663.20*	57
58	REPAIR HERNIA					331.60*	372.00	373.10*	397.90*	58
59 (	DIAGNOSTIC CYSTOURETHROSCOPY					66.00	49.70*	49.70*	40.00	59
60	DILATION OF URETHRA					18.00*	15.00*	19.00*	19.00	60
61	PROSTATECTOMY - SUPRAPUBIC					663.20*	663.20*	663.20*	663.20*	61
62	ELECTROSECTION-PROSTATE (TUR)					663.20*	746.10*	746.10*	829.00*	62
63 1	HYSTERECTOMY					663.20*	580.30*	621.75*	646.60*	63
64	INITIAL COMPLETE EYE EXAM					26.50*	19.90*	19.90*	24.90*	64
65	COMPREHENSIVE EYE EXAM					26.50*	19.90*	19.90*	24.90*	65
66	EYE EXAM WITH TONOMETRY									66
67	EXTRACTION OF LENS					663.20*	663.20*	580.30*	940.00	67
68	CHEST X-RAY - SINGLE VIEW	22.50	19.90*	20.00	22.50	24.20	24.90*	21.60*	24.20	68
69	CHEST X-RAY - TWO VIEWS	22.50	26.00	29.00*	26.00	24.20	29.00	16.60*	24.90*	69
	X-RAY SPINE					24.90*	30.00	30.00	30.00	70
71	X-RAY HIP					17.50*	24.90*	25.00	24.90*	71
	X-RAY UPPER GI TRACT	48.00	45.00	40.00*	48.00	41.50*	58.00*	50.00	49.70*	72
	X-RAY COLON					41.50*	49.50	49.50	49.50	73
	RADIATION THERAPY-LOW VOLT								_	74
	RADIATION THERAPY-SUPER VOLT									75
	RADIATION THERAPY-MEGAVOLT					17.00	17.00	17.00	17.00	76
	CAT SCAN - HEAD					210.00	210.00	210.00	210.00	77
	CAT SCAN - ABOOMEN					80.00	50.00	80.00	80.00	78
	THREE CHEMISTRY TESTS					12.00	24.00	28.10	17.50	79
	NINETEEN CHEMISTRY TESTS					15.00	35.00	25.00	21.50	80
	CULTURE - OTHER THAN BLOOD					15.00	10.00	10.00	11.00	81
	HEMOGLOBIN					3.00L	3.00L	3.00L	3.00L	82
	AUTOMATEO BLOOD COUNT					10.00	10.50	11.10	10.20	83
	WHITE CELL COUNT					3.00L	3.50L	3.00L	3.00L	84
	COMPLETE BLOOD COUNT (CBC)					8.00L	8.75L	9.00L	9.00L	85
	CHOLESTEROL TEST					5.00L	6.00L	7.00L	6.00L	86
	FLOCCULATION TEST					7.00	7.00	6.30	7.00	87
	HEMATOCRIT					3.00	3.00L	3.00L	3.00L	88
	PLATELET COUNT (REES-ECKER)					6.00	6.00	6.00	6.00	89
	POTASSIUM TEST - BLOOD					8.00	8.00	8.00	8.00	90
	PROTHROMBIN TIME TEST					5.00L	5.00	5.00L	5.00L	91
	SEDIMENTATION RATE					3.00L	4.50L	4.00L	3.00L	92
	BLOOD SUGAR					5.00L	6.00L	6.00L	6.00L	93
	BUN-UREA - NITROGEN					5.20L	8.00L	7.30	6.40L	94
	URIC ACIO					6.00L	7.00L	8.00L	6.00L	95
						3.50	5.50	4.00	4.00	96
	FECES-OCCULT BLOOD-SCREENING					5.00L	7.00L	6.00L	6.00L	97
	PAP TEST					4.00L	3.50L	3.50L	4.50	98
	ROUTINE URINALYSIS					4.001	J. JUL	J. JUL	7.30	99
	CHEMICAL URINALYSIS					15.00	18.00	22.00	22.00	100
	PATHOLOGY - THREE SPECIMENS					30.00	30.00	25.00	30.00	101
	ELEC MONITORING-PACEMAKER					746.10*	746.10*	829.00*	829.00*	102
	OONOR NEPHRECTOMY-UNILATERAL					740.104	740.10	023.00	023.00	103
	KIONEY TRANSPLANT					30.90L	34.20*	15.45L	35.00	103
	HOSPITAL BEO - RENTAL					6.20	6.30*	7.00	6.50*	105
	WALKER - RENTAL					15.00L	18.00L	23.90*	23.90*	105
	WHEELCHAIR - RENTAL					13.00L	10.00L	23.30*	23.50*	106
107	LIQUIO OXYGEN - RENTAL					200 001	200 001	200 001	480.00	107

108 HOSPITAL BEO - PURCHASE

109 WALKER - PURCHASE 110 WHEELCHAIR - PURCHASE 288.00L

40.00

219.00L

288.00L

38.00

243.70L

288.00L

45.00

275.95L

480.00

40.00

268.00

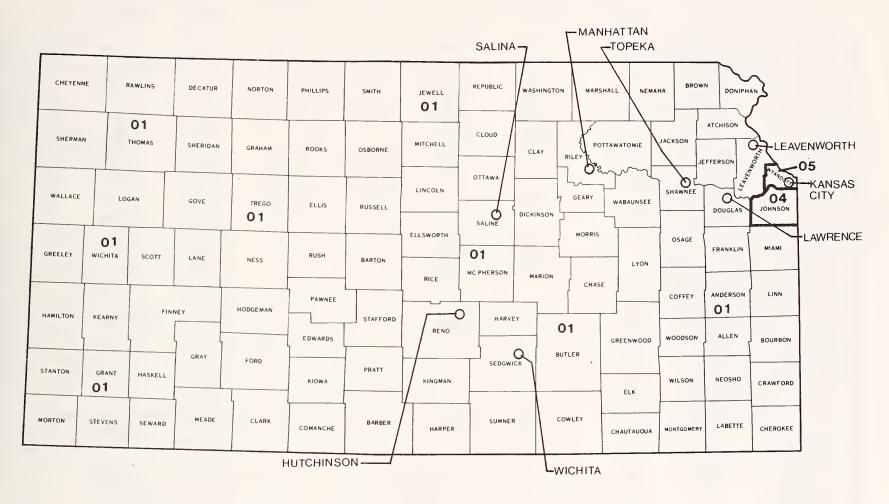
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110

KANSAS

## **KANSAS**



Three Localities

Blue Shield of Kansas

01 - Blue Shield of Kansas Plan area (102 counties)

Blue Shield of Kansas City

04 - Johnson County (suburban)

05 - Wyandotte County (metropolitan)

#### KANSAS LOCALITY DESIGNATION FOR SPECIALIST

PROCEOURE DESCRIPTION	AREA O4	AREA 05	AREA O4	AREA 05	
1 INITIAL BRIEF OFFICE VISIT			13.10*	13.10*	4
2 INITIAL LIMITED OFFICE VISIT	12.40*	3.90*	13.10*	13.10*	1 2
3 INITIAL INTERMED OFFICE VISIT	12.40	3.30	20.00	18.00	3
4 INITIAL COMP OFFICE VISIT	40.00	28.20*	50.00	49.70*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	6.00	5.00	8.20*	11.60*	5
6 BRIEF FOLLOWUP OFFICE VISIT	12.40*	9.90*	13.10*	13.10*	6
7 LIMITEO FOLLOWUP OFFICE VISIT	12.40*	9.90*	13.10*	13.10*	7
8 INTERMEDIATE F/U OFFICE VISIT	16.70*	21.60*	20.00		
9 EXTENDED F/U OFFICE VISIT	20.00			18.00	8
10 COMP FOLLOWUP OFFICE VISIT	41.40*	20.30 24.80*	25.00	25.00	9
11 BRIEF FOLLOWUP HOME VISIT			33.10*	35.00	10
	16.70*	19.90*	16.70*	19.90*	11
12 LIMITEO FOLLOWUP HOME VISIT	20.00	20.00	16.70*	19.90*	12
13 INTERMOIATE F/U HOME VISIT	20.00	20.00	20.00	20.00	13
14 EXTENDED CARE FACILITY VISIT	40.40.	0.00.	24.80*	24.80*	14
15 BRIEF F/U NURSING HOME VISIT	12.40*	9.90*	13.10*	13.10*	15
16 INITIAL BRIEF HOSPITAL VISIT	33.10*	41.40*	41.40*	50.00	16
17 INIT INTERMED HOSPITAL VISIT			58.00*	58.00*	17
18 INITIAL COMP HOSPITAL VISIT	41.40*	41.40*	58.00*	58.00*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	16.70*	11.60*	16.70*	16.70*	19
20 LIMITEO F/U HOSPITAL VISIT	16.70*	11.60*	16.70*	16.70*	20
21 INTERMEO F/U HOSPITAL VISIT	22.00	16.70*	19.90*	25.00	21
22 EXTENDED F/U HOSPITAL VISIT			33.00	40.00	22
23 BRIEF EMERGENCY ROOM VISIT			25.00	15.00	23
24 LIMITED EMERGENCY ROOM VISIT			25.00	15.00	24
25 INTERMEO EMERGENCY ROOM VISIT			25.00	15.00	25
26 LIMITEO CONSULTATION	41.40+	50.00	50.00	60.00	26
27 EXTENSIVE CONSULTATION			70.00	58.00+	27
28 COMPREHENSIVE CONSULTATION			70.00	58.00+	28
29 PSYCHOTHERAPY-ONE HOUR			52.40*	65.20*	29
30 PSYCHOTHERAPY-HALF HOUR			26.20*	32.60*	30
31 CHIROPRACTIC OFFICE VISIT			10.40*	10.40+	31
32 INITIAL PHYSIOTHERAPY			14.90+	13.10*	32
33 F/U POOIATRIC OFFICE VISIT			14.90+	11.60*	33
34 ELECTROCAROIOGRAM (EKG)	25.00	23.90*	24.80*	20.00	34
35 EKG-INTERPRET AND REPORT ONLY	11.00	11.00	8.00	8.20	35
36 SPIROMETRY			38.00	38.00	36
37 ELECTROENCEPHALOGRAM (EEG)			65.00	33.00	37
38 CHEMOTHERAPY			32.00*	29.60*	38
39 COLLECTION OF SPECIMENS			3.00	3.00	39
40 DEBRIOEMENT OF NAILS			14.40	14.40	40
41 SKIN BIOPSY			44.70+	50.00	41
42 CHEMOCAUTERY			44.70	30.00	42
43 RADICAL MASTECTOMY			829.00+	845.50+	43
44 OPEN REDUCTION OF FRACTURE			1130.60+	700.00	44
45 ARTHROCENTESIS-MAJOR JOINT	15.00	12.50	28.00	17.00	45
46 CORONARY ARTERY BYPASS	13.00	12.50	2500.00		46
47 TOTAL ARTIFICIAL HIP REPLACE				2500.00	
48 NEEDLE PUNCTURE OF BURSA			1657.70+	1657.70+	47
49 BRONCHOSCOPY			25.00	25.00	48
50 THORACENTESIS			125.00	124.40+	49
51 CATHERIZATION OF HEART			40.00	37.60*	50
			414.40	540.50+	51
52 INSERTION OF PACEMAKER			050 70	1075.00	52
53 PARTIAL COLECTOMY 54 APPENOECTOMY	444.40	444.40	853.70+	911.80+	53
	414.40	414.40	431.10+	331.60+	54
55 SIGMOIOOSCOPY			35.00	41.40*	55

			Looner, Jesus		20112131
PROCEOURE DESCRIPTION	AREA 04	AREA 05	AREA O4	AREA 05	
56 HEMORRHOIDECTOMY			348.20*	331.60*	56
57 CHOLECYSTECTOMY			663.20*	596.90*	57
58 REPAIR HERNIA			497.40*	376.40*	58
59 OIAGNOSTIC CYSTOURETHROSCOPY	82.80	82.80	82.80*	85.00	59
60 DILATION OF URETHRA	02.00	02.00	17.00	17.00	60
61 PROSTATECTOMY - SUPRAPUBIC			775.00	775.00	61
62 ELECTROSECTION-PROSTATE (TUR)	746.00	746.00	746.00*	746.00*	62
63 HYSTERECTOMY	740.00	140.00	746.00*	687.90*	63
64 INITIAL COMPLETE EYE EXAM			28.20*	24.80*	64
65 COMPREHENSIVE EYE EXAM			28.20*	24.80*	65
66 EYE EXAM WITH TONOMETRY			6.60*	5.00	66
67 EXTRACTION OF LENS	700.00	700.00	700.00	700.00	67
68 CHEST X-RAY - SINGLE VIEW	24.80*	20.80*	20.00	16.70*	68
69 CHEST X-RAY - TWO VIEWS	25.00	24.80*	24.80*	24.80*	69
70 X-RAY SPINE	20.00	24.00	56.00	56.00	70
71 X-RAY HIP			32.40	32.40	71
72 X-RAY UPPER GI TRACT	45.90*	39.70*	60.00	46.40*	72
73 X-RAY COLON	43.50	33.70	60.00	46.40*	73
74 RADIATION THERAPY-LOW VOLT			00.00	40.40*	74
75 RADIATION THERAPY-SUPER VOLT					74 75
76 RADIATION THERAPY -MEGAVOLT					76
77 CAT SCAN - HEAD			75.00	75.00	77
78 CAT SCAN - ABDOMEN			80.30	80.30	78
79 THREE CHEMISTRY TESTS			21.00	20.00	78 79
			25.00	30.00	80
80 NINETEEN CHEMISTRY TESTS 81 CULTURE - OTHER THAN BLOOD			15.00	15.00	81
82 HEMOGLOBIN			3.00L	3.00L	82
83 AUTOMATEO BLOOD COUNT			9.00L	7.00L	83
			4.50L	4.00L	84
84 WHITE CELL COUNT			9.00L	7.00L	85
85 COMPLETE BLOOD COUNT (CBC) 86 CHOLESTEROL TEST			5.00L	5.00L	86
87 FLOCCULATION TEST			8.00	5.00	87
			4.00L	5.00L	88
88 HEMATOCRIT			3.50	6.00	89
89 PLATELET COUNT (REES-ECKER)			8.00	8.00	90
90 POTASSIUM TEST - BLOOD			4.00L	5.00L	91
91 PROTHROMBIN TIME TEST			4.00L	4.00L	92
92 SECIMENTATION RATE			7.00L	5.00L	93
93 BLOOD SUGAR			3.00L	5.00L	94
94 BUN-UREA - NITROGEN			6.00L	5.00L	95
95 URIC ACIO			6.00	5.00	96
96 FECES-OCCULT BLOOD-SCREENING			7.50L	5.00L	97
97 PAP TEST			5.00L	5.00L	98
98 ROUTINE URINALYSIS			5.00L	5.00L	99
99 CHEMICAL URINALYSIS			21.00	21.00	100
100 PATHOLOGY - THREE SPECIMENS			27.00	27.00	101
101 ELEC MONITORING-PACEMAKER			1000.00	1000.00	102
102 OONOR NEPHRECTOMY-UNILATERAL			1325.60		102
103 KIONEY TRANSPLANT				1325.60	
104 HOSPITAL BEO - RENTAL			55.00L	55.00L	104 105
105 WALKER - RENTAL			15.00 25.36L	15.00 25.36L	105
106 WHEELCHAIR - RENTAL			50.00		106
107 LIQUID OXYGEN - RENTAL			374.85L	50.00	107
108 HOSPITAL BED - PURCHASE			45.54	374.85L 45.54	108
109 WALKER - PURCHASE			217.46L	217.46L	110
110 WHEELCHAIR - PURCHASE			217.40	217.40L	110

#### PROCEOURE DESCRIPTION

55 SIGMOIOOSCOPY

	PROCEOURE OF SCRIPTION	
4	1 INITIAL BRIEF OFFICE VISIT	
	3 INITIAL INTERMED OFFICE VISIT	
	4 INITIAL COMP OFFICE VISIT	
	5 MINIMAL FOLLOWUP OFFICE VISIT	
	6 BRIEF FOLLOWUP OFFICE VISIT	
	7 LIMITEO FOLLOWUP OFFICE VISIT	
	8 INTERMEDIATE F/U OFFICE VISIT	
	9 EXTENDED F/U OFFICE VISIT	
	10 COMP FOLLOWUP OFFICE VISIT	
	11 BRIEF FOLLOWUP HOME VISIT	
	12 LIMITEO FOLLOWUP HOME VISIT	
13	13 INTERMOIATE F/U HOME VISIT	
14	14 EXTENDED CARE FACILITY VISIT	
15	15 BRIEF F/U NURSING HOME VISIT	
	16 INITIAL BRIEF HOSPITAL VISIT	
17	17 INIT INTERMED HOSPITAL VISIT	
18	18 INITIAL COMP HOSPITAL VISIT	
19	19 BRIEF FOLLOWUP HOSPITAL VISIT	
20	20 LIMITEO F/U HOSPITAL VISIT	
2 1	21 INTERMEO F/U HOSPITAL VISIT	
	22 EXTENOEO F/U HOSPITAL VISIT	
	23 BRIEF EMERGENCY ROOM VISIT	
	24 LIMITEO EMERGENCY ROOM VISIT	
	25 INTERMED EMERGENCY ROOM VISIT	
	26 LIMITEO CONSULTATION	
	27 EXTENSIVE CONSULTATION	
	28 COMPREHENSIVE CONSULTATION 29 PSYCHOTHERAPY-ONE HOUR	
	30 PSYCHOTHERAPY -HALF HOUR	
	31 CHIROPRACTIC OFFICE VISIT	
	32 INITIAL PHYSIOTHERAPY	
	33 F/U PODIATRIC OFFICE VISIT	
	34 ELECTROCAROIOGRAM (EKG)	
35	35 EKG-INTERPRET AND REPORT ONLY	
36	36 SPIROMETRY	
37	37 ELECTROENCEPHALOGRAM (EEG)	
38	38 CHEMOTHERAPY	
	39 COLLECTION OF SPECIMENS	
	40 DEBRIDEMENT OF NAILS	
	41 SKIN BIOPSY	
	42 CHEMOCAUTERY	
	43 RADICAL MASTECTOMY	
	44 OPEN REDUCTION OF FRACTURE	
	45 ARTHROCENTESIS-MAJOR JOINT 46 CORONARY ARTERY BYPASS	
	47 TOTAL ARTIFICIAL HIP REPLACE	
	48 NEEOLE PUNCTURE OF BURSA	
	49 BRONCHOSCOPY	
	50 THORACENTESIS	
_	51 CATHERIZATION OF HEART	
	52 INSERTION OF PACEMAKER	
53	53 PARTIAL COLECTOMY	
54	54 APPENOECTOMY	

SINGLE	
13.00*	1
20.00*	2
20.00*	3
48.70*	4
6.50*	5
13.00*	6
19.90* 21.60*	7 8
35.00+	9
35.00*	
20.00*	11
20.00*	
27.00*	13 14
13.00+	15
43.20+	16
43.20*	17
64.90*	18
12.40*	19
27.00* 16.20*	20
16.20*	22
25.00+	23
25.00+	24
25.00	25
35.00* 41.40*	26 27
66.30*	28
33.33	29
27.00*	30
10.80*	31
13.80* 13.00*	32 33
28.30*	34
15.00+	35
30.00+	36
75.00+	37
17.00+	38
3.00* 13.00*	39 40
29.20+	41
19.90+	42
750.00+	43
829.00	44
21.90* 2500.00*	45 46
1492.20+	47
21.60+	48
207.20+	49
41.40+	50
497.50*	51 52
994.80+ 829.00+	52
348.10*	54
35.00+	55

SINGLE

#### PROCEOURE OESCRIPTION

PROCESSIA SESSIA FISH	SINGLE	
56 HEMORRHOIDECTOMY	298.40*	56
57 CHOLECYSTECTOMY	586.90*	57
58 REPAIR HERNIA	338.20*	58
59 OIAGNOSTIC CYSTOURETHROSCOPY	83.00*	59
60 OILATION OF URETHRA	21.60*	60
61 PROSTATECTOMY - SUPRAPUBIC	795,80*	61
62 ELECTROSECTION-PROSTATE (TUR)	729.50*	62
63 HYSTERECTOMY	706.30*	63
64 INITIAL COMPLETE EYE EXAM	28.00*	64
65 COMPREHENSIVE EYE EXAM	30.00*	65
66 EYE EXAM WITH TONOMETRY	6.50*	66
67 EXTRACTION OF LENS	663.20*	67
68 CHEST X-RAY - SINGLE VIEW	21.60*	68
69 CHEST X-RAY - TWO VIEWS	29.90*	69
70 X-RAY SPINE	50.00*	70
71 X-RAY HIP	37.90*	71
72 X-RAY UPPER GI TRACT	66.30*	72
73 X-RAY COLON	58.70*	73
74 RADIATION THERAPY-LOW VOLT	20.00*	74
75 RAOIATION THERAPY-SUPER VOLT	33.20*	75
76 RADIATION THERAPY-MEGAVOLT		76
77 CAT SCAN - HEAD '	225.00*	77
78 CAT SCAN - ABOOMEN	337.50*	78
79 THREE CHEMISTRY TESTS	18.00*	79
80 NINETEEN CHEMISTRY TESTS	30.00*	80
81 CULTURE - OTHER THAN BLOOD	13.00*	81
82 HEMOGLOBIN	3.00L	82
83 AUTOMATEO BLOOO COUNT		83
84 WHITE CELL COUNT	3.00L	84
85 COMPLETE BLOOD COUNT (CBC)	10.00L	85
86 CHOLESTEROL TEST	7.00L	86
87 FLOCCULATION TEST	7.00*	87
88 HEMATOCRIT	3.00L	88
89 PLATELET COUNT (REES-ECKER)	8.00*	89
90 POTASSIUM TEST - BLOOD	9.00*	90 91
91 PROTHROMBIN TIME TEST	6.00L 5.00L	92
92 SEOIMENTATION RATE	6.00L	93
93 BLOOD SUGAR	8.00L	94
94 BUN-UREA - NITROGEN	7.50L	95
95 URIC ACIO 96 FECES-OCCULT BLOOD-SCREENING	4.00*	96
97 PAP TEST	13.00*	97
98 ROUTINE URINALYSIS	5.00L	98
99 CHEMICAL URINALYSIS	5.00*	99
100 PATHOLOGY - THREE SPECIMENS	3.00	100
101 ELEC MONITORING-PACEMAKER	•	101
102 OONOR NEPHRECTOMY-UNILATERAL		102
103 KIONEY TRANSPLANT		103
104 HOSPITAL BEO - RENTAL	35.00L	104
105 WALKER - RENTAL	10.00*	105
106 WHEELCHAIR - RENTAL	18.50L	106
107 LIQUID DXYGEN - RENTAL	103.20*	107
108 HOSPITAL BEO - PURCHASE	559.50L	108
109 WALKER - PURCHASE	38.50*	109
110 WHEELCHAIR - PURCHASE	204.10L	110

KENTUCKY



- 01 Metropolitan Lexington (Fayette County), Louisville (including Anchorage, Crestwood, Jeffersontown, Lyndon, Middletown, Okalona, Pee Wee Valley, Pleasure Ridge Park, Shively, St. Matthews, Valley Station).
- O2 Urban Ashland(including Grayson, Greenup, Westwood), Bardstown, Bellevue, Bowling Green, Catletsburg, Covington (including Alexandria, Bromley, Burlington, Dayton, Elsmere Park, Ft. Mitchell, South Hills, Southgate, Walton, Woodlawn), Danville, Elizabethtown (including Labanon Junction), Florence, Fort Thomas, Frankfort (including Midway), Georgetown, Glasgow, Harlan, Hazard (including Whitesburg), Henderson, Hopkinsville (including Elkton, Fairview), Lancaster, Lawrenceburg, Louisa, Madisonville, mayfield, Middlesboro, Morehead, Morganfield, Mount Sterling, Murray, Newport, Nicholasville, Owensboro, Paducah (including West Paducah), Paris, Pikeville, Pineville, Prestonsburg, Richmond, Shelbyville, Stanford, Versailles, Vine Grove, Winchester (including Carlisle, Stanton).
- 03 Rural All other areas of the State

1981	PREVAILING	CHARGE	SUMMARY	OATA	METROPOLITAN	LIFE	INSURAN	CE CO.
				LOCALI	TY DESIGNATION	FOR (	GENERAL	PRACTICE

#### KENTUCKY LOCALITY DESIGNATION FOR SPECIALIST

	LOCALITY OL.	314111011	OR GENERAL TRAC	TICE ECCAETT	· OESTGMATT	SIN TOR SPECIALIS	31
PROCEOURE DESCRIPTION	I	II	III	I	ΙΙ	III	
4 INITIAL PRICE OFFICE VICIT				22.00	16.60*	16.60*	
1 INITIAL BRIEF OFFICE VISIT	25 00	45.00	25.00*	37.50			1
2 INITIAL LIMITEO OFFICE VISIT	35.00	15.00	25.00*		32.00	30.00	2
3 INITIAL INTERMEO OFFICE VISIT	05.00	30.00	25.00	37.50 58.00*	32.00	30.00	3
4 INITIAL COMP OFFICE VISIT	25.00		35.00		49.70*	40.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT	10.00*	6.60*	6.60*	8.30*	10.00*	6.60*	5
6 BRIEF FOLLOWUP OFFICE VISIT	11.60*	10.00*	8.30*	13.30*	13.30*	10.00*	6
7 LIMITEO FOLLOWUP OFFICE VISIT	14.00	15.00	13.30*	16.60*	16.00	16.60*	7
8 INTERMEDIATE F/U OFFICE VISIT	10.00	18.00	15.00	20.00	21.00	16.60*	8
9 EXTENDED F/U OFFICE VISIT	24.90*	20.00	24.90*	29.80*	24.90*	20.00	9
10 COMP FOLLOWUP OFFICE VISIT	35.00	35.00	34.80*	50.00	41.50*	41.50*	10
11 BRIEF FOLLOWUP HOME VISIT	19.90*	16.60*	15.00	19.90*	19.90*	16.60*	11
12 LIMITEO FOLLOWUP HOME VISIT				24.90*	20.00	20.00	12
13 INTERMOIATE F/U HOME VISIT	24.90*	25.00	20.00	24.90*	20.00	20.00	13
14 EXTENDED CARE FACILITY VISIT				16.60*	16.60*	13.30*	14
15 BRIEF F/U NURSING HOME VISIT	11.60	10.00	8.30	13.30	13.30	10.00	15
16 INITIAL BRIEF HOSPITAL VISIT	33.20*	24.90*	24.90*	41.50+	24.90*	24.90*	16
17 INIT INTERMED HOSPITAL VISIT				50.00	41.50+	41.50*	17
18 INITIAL COMP HOSPITAL VISIT	50.00	45.00	40.00	65.00	55.00	53.00	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	15.00	11.60*	10.00*	16.60+	13.30*	11.60*	19
20 LIMITEO F/U HOSPITAL VISIT	16.60*	16.60*	16.60*	16.60+	16.60*	16.60*	20
21 INTERMEO F/U HOSPITAL VISIT	24.90*	24.90*	24.90*	24.90*	25.00	24.90*	21
22 EXTENDED F/U HOSPITAL VISIT	24.50	24.30	24.50	24.90*	25.00	24.90+	22
23 BRIEF EMERGENCY ROOM VISIT				24.90*	16.60*	16.60*	23
24 LIMITEO EMERGENCY ROOM VISIT				24.00	30.00	25.00	24
25 INTERMEO EMERGENCY ROOM VISIT				24.00	63.00	55.50	25
	30.00	25 00+	25.00	44 504			
26 LIMITEO CONSULTATION	30.00	35.00*	25.00	41.50*	41.50+	41.50*	26
27 EXTENSIVE CONSULTATION				35.00	40.00	50.00	27
28 COMPREHENSIVE CONSULTATION				65.00	58.00*	58.00	28
29 PSYCHOTHERAPY-ONE HOUR				20.00	20.00	20.00	29
30 PSYCHOTHERAPY-HALF HOUR		40.00	0.00	6.80	6.30	5.10	30
31 CHIROPRACTIC OFFICE VISIT	11.60*	10.00*	8.30*	10.00	10.00	8.30	31
32 INITIAL PHYSIOTHERAPY				40.00	21.25	16.25	32
33 F/U POOIATRIC OFFICE VISIT				11.60*	10.00+	8.30*	33
34 ELECTROCAROIOGRAM (EKG)	20.00	22.00	20.00	20.00	22.00	20.00	34
35 EKG-INTERPRET AND REPORT ONLY	8.00 P	7.00 P	8.30 P	8.00*P	7.00 P	12.00 * P	35
36 SPIROMETRY				35.00	45.00	60.00	36
37 ELECTROENCEPHALOGRAM (EEG)				92.40	74.20	66.50	37
38 CHEMOTHERAPY							38
39 COLLECTION OF SPECIMENS				3.00	3.00	3.00	39
40 DEBRIDEMENT OF NAILS				20.00	20.00	19.90	40
41 SKIN BIUPSY				35.00*	35.00	35.00	41
42 CHEMOCAUTERY				15.00*	11.25*	11.70	42
43 RADICAL MASTECTOMY				765.00*	667.00	684.00*	43
44 OPEN REDUCTION OF FRACTURE				911.90+	746.10*	663.20*	44
45 ARTHROCENTESIS-MAJOR JOINT	24.90*	24.90*	28.70*	33.70*	33.70*	29.80*	45
46 CORONARY ARTERY BYPASS				5250.00	5500.00	4950.00	46
47 TOTAL ARTIFICIAL HIP REPLACE				1000.00	812.40*	795.80*	47
48 NEEOLE PUNCTURE OF BURSA				15.00	17.00	15.00	48
49 BRONCHOSCOPY				165.80*	180.00*	124.40*	49
50 THORACENTESIS				41.50+	40.00	41.50*	50
51 CATHERIZATION OF HEART				470.00	470.00	447.70*	51
52 INSERTION OF PACEMAKER				829.00*	800.00*	800.00	52
53 PARTIAL COLECTOMY				829.00*	829.00*	829.00*	53
54 APPENOECTOMY	331.60*	331.60*	381.30+	414.50*	414.50*	414.50*	54
55 SIGMOIOOSCOPY	0000	5000	301.00	33.20*	30.00*	34.80*	55
00 010000001				55.20*	30.00*	34.00	55

	1981 PREVAILING CHARGE SUMMARY	OATA MET	RDPDLITAN	LIFE INSURANCE CO.	KENTI	JCKY		
				FOR GENERAL PRACTIC			N FOR SPECIA	LIST
	PROCEOURE DESCRIPTION	I	11	III	I	ΙΙ	III	
56	HEMORRHOIOECTOMY				400.00	331.60*	290.20*	56
57	CHOLECYSTECTOMY				621.80*	580.30*	580.30*	57
58	REPAIR HERNIA				414.50*	414.50*	331.60*	58
59	OIAGNOSTIC CYSTOURETHROSCOPY	41.50*	41.50*	41.50*	41.50*	49.70*	41.50*	59
	DILATION OF URETHRA				15.00	15.00	15.00	60
	PROSTATECTOMY - SUPRAPUBIC				765.00	663.20*	765.00	61
	ELECTRDSECTION-PROSTATE (TUR)	663.20*	760.00*	663.20*	840.00	880.00	792.00*	62
	HYSTERECTDMY				746.10*	704.70*	580.30*	63
	INITIAL COMPLETE EYE EXAM				33.20*	24.90*	33.20*	64
	COMPREHENSIVE EYE EXAM				33.20*	24.90*	33.20*	65
	EYE EXAM WITH TONDMETRY				15.00	10.00*	8.30*	66
	EXTRACTION OF LENS	663.20*	663.20*	663.20*	663.20*	663.20*	663.20*	67
	CHEST X-RAY - SINGLE VIEW	20.00	16.60*	15.00	20.00*	16.60*	16.60*	68
	CHEST X-RAY - TWO VIEWS	20.00	22.50	23.00	25.00	24.90*	24.90*	69
	X-RAY SPINE				25.00*	30.00	28.00*	70
	X-RAY HIP				36.80*	36.40*	33.60*	71
	X-RAY UPPER GI TRACT	49.70*	49.70*	40.00*	49.70*	52.20*	49.70*	72
	X-RAY COLON				41.50*	45.00	49.70*	73
	RADIATION THERAPY-LOW VOLT	18.00	23.70*	20.00	18.00	20.00*	20.00*	74
	RADIATION THERAPY-SUPER VOLT	34.80*	31.50*	31.50*	36.50*	31.50*	31.50*	75
	RADIATION THERAPY-MEGAVOLT				34.00*	29.00*	31.50*	76
	CAT SCAN - HEAD				50.00	49.50*	60.00	77
	CAT SCAN - ABOOMEN				60.00	59.40*	60.00	78
	THREE CHEMISTRY TESTS				10.50*	10.50*	10.50*	79
	NINETEEN CHEMISTRY TESTS				21.00*	21.00*	21.00*	80
	CULTURE - DTHER THAN BLDOO				12.60	12.00	15.00	81
	HEMOGLOBIN				3.00L	3.00L	3.00L	82
	AUTDMATED BLOOD COUNT				10.50*	10.50*	10.50*	83
	WHITE CELL COUNT				3.00L	3.00L	3.00L	84
	COMPLETE BLOOD COUNT (CBC)				8.00L	8.00L	8.00L	85
	CHOLESTERDL TEST				7.00L	7.00L	7.00L	86
	FLOCCULATION TEST				5.00	5.00	5.00	87
	HEMATOCRIT							88
	PLATELET COUNT (REES-ECKER)				6.00	7.00	8.00	89
	POTASSIUM TEST - BLDDD				8.25	7.20	8.00	90
	PROTHROMBIN TIME TEST				6.00L	6.00L	6.00L	91
	SECIMENTATION RATE				4.75L	4.75L	4.75L	92
	BLOOD SUGAR				6.00L	6.00L	6.00L	93
	BUN-UREA - NITROGEN				7.00L	7.00L	7.00L	94
	URIC ACID				8.00L	8.00L	8.00L	95
	FECES-OCCULT BLOOD-SCREENING				5.00	4.00	5.00	96
	PAP TEST				7.50L	7.50L	7.50L	97
	ROUTINE URINALYSIS				4.00L	4.00L	4.00L	98
	CHEMICAL URINALYSIS				5.00	3.00	3.00	99
	PATHOLOGY - THREE SPECIMENS				29.10	15.00	16.60*	100
	ELEC MONITORING-PACEMAKER				47.25	44.10	38.90	101
	DDNDR NEPHRECTDMY-UNILATERAL				829.00*	895.30*	795.80*	102
	KIDNEY TRANSPLANT				1707.20	1707.20	1707.20	103
104	HOSPITAL BEO - RENTAL				35.00	35.00	35.00	104

105 WALKER - RENTAL

106 WHEELCHAIR - RENTAL

109 WALKER - PURCHASE

107 LIQUID DXYGEN - RENTAL

110 WHEELCHAIR - PURCHASE

108 HOSPITAL BEO - PURCHASE

10.00

15.00

51.50

34.75

199.30

394.40

10.00

15.00

51.50

394.40

34.75

199.30

10.00

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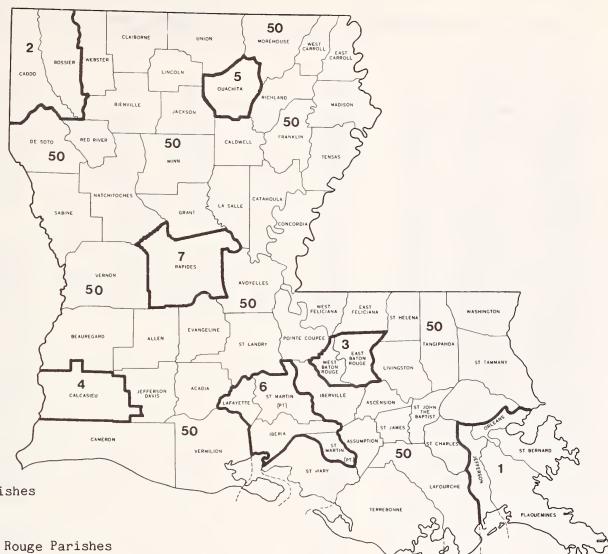
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LOUISIANA

# LOUISIANA



# Eight Localities:

01 - Orleans Parish, Jefferson, St. Bernard, Plaquemines Parishes

02 - Caddo, Bossier Parishes

03 - East Baton Rouge, West Baton Rouge Parishes

04 - Calcasieu Parish

05 - Quachita Parish

06 - Lafayette, Iberia, St. Martin Parishes

07 - Rapides Parish

50 - All other Parishes

1981 PREVAILING CHARGE SUMMARY		PAN-AMERICAN OESIGNATION				ISIANA TY DESIGNAT	ION FOR SPE	CIALIST	
PROCEOURE DESCRIPTION	01	02	03	04	01	02	03	04	
1 INITIAL BRIEF OFFICE VISIT					41.40*	41.40*	41.40*	41.40*	1
2 INITIAL LIMITED OFFICE VISIT	25.00	20.80*	24.80*	24.80*	41.40*	41.40*	41.40*	41.40*	2
3 INITIAL INTERMED OFFICE VISIT					41.40*	41.40*	41.40*	41.40*	3
4 INITIAL COMP OFFICE VISIT	25.00	20.80*	24.80*	24.80*	41.40*	41.40*	41.40*	41.40*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	5.00	4.90*	4.90*	8.00	8.20*	5.00	5.80*	8.00	5
6 BRIEF FOLLOWUP OFFICE VISIT	11.60*	9.90*	11.60*	8.20*	13.10*	11.60*	13.10*	13.10*	6
7 LIMITEO FOLLOWUP OFFICE VISIT	16.70*	15.00	15.00	11.60*	16.70*	24.80*	16.70*	16.70*	7
8 INTERMEDIATE F/U OFFICE VISIT	16.70*	15.00	15.00	11.60*	16.70*	24.80*	16.70*	16.70*	8
9 EXTENDED F/U DFFICE VISIT	16.70*	15.00	15.00	11.60*	16.70*	24.80*	16.70*	16.70*	9
10 COMP FOLLOWUP OFFICE VISIT	12.50	12.50	12.50	12.50	12.40*	14.50*	13.80*	11.00*	10
11 BRIEF FOLLOWUP HOME VISIT	19.90*	15.00	15.00	16.70*	24.80*	16.70*	15.80*	20.00	11
12 LIMITEO FOLLOWUP HOME VISIT									12
13 INTERMOIATE F/U HOME VISIT	25.00	25.00	25.00	25.00					13
14 EXTENDED CARE FACILITY VISIT									14
15 BRIEF F/U NURSING HOME VISIT	11.60*	9.90*	11.60*	8.20*	13.10	11.60	13.10*	13.10	15
16 INITIAL BRIEF HOSPITAL VISIT	41.40*	40.00	33.10*	24.80*	41.40*	58.00*	40.00	41.40*	16
17 INIT INTERMED HOSPITAL VISIT					58.00*	83.00*	58.00*	55.00	17
18 INITIAL COMP HOSPITAL VISIT	35.00	55.00	45.00	50.00	58.00*	83.00*	58.00*	55.00	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	16.70*	15.00	13.10*	16.70*	19.90*	19.90*	16.70*	19.90*	19
20 LIMITED F/U HOSPITAL VISIT	16.70*	15.00	13.10+	16.70*	19.90*	19.90*	16.70*	19.90*	20
21 INTERMED F/U HOSPITAL VISIT	40.00	25.00	33.10*	30.00	35.00	30.00	25.00	35.00	21
22 EXTENDED F/U HOSPITAL VISIT					35.00	30.00	25.00	35.00	22
23 BRIEF EMERGENCY ROOM VISIT					33.10*	33.10*	24.80*	33.10*	23
24 LIMITED EMERGENCY ROOM VISIT					33.10*	33.10*	24.80*	33.10*	24
25 INTERMED EMERGENCY ROOM VISIT					14.50*	14.50*	14.50*	15.00	25
26 LIMITEO CONSULTATION	41.40*	49.70*	50.00	41.40*	58.00*	65.00	41.40*	50.00	26
27 EXTENSIVE CONSULTATION					55.00	99.50*	50.00	58.00*	27
28 COMPREHENSIVE CONSULTATION					58.90*	83.00*	77.20*	73.40*	28
29 PSYCHOTHERAPY-ONE HOUR					5.00	5.00	6.70	8.20*	29
30 PSYCHOTHERAPY-HALF HOUR					5.00	5.00	6.70	8.20*	30
31 CHIROPRACTIC OFFICE VISIT					12.00	10.00	12.00	9.10*	31
32 INITIAL PHYSIOTHERAPY									32
33 F/U POOIATRIC OFFICE VISIT					14.90+	16.70*	14.90*	14.90*	33
34 ELECTROCAROIOGRAM (EKG)	24.00	20.00	25.00	24.80*	24.00	20.00	25.00	24.80*	34
35 EKG-INTERPRET AND REPORT ONLY	12.00	20.00	12.40*	12.40+	12.00	15.00	20.00	15.00	35
36 SPIROMETRY	.2.00	20.00	12.40	12.70	60.00	55.00	60.00	42.80*	36
37 ELECTROENCEPHALOGRAM (EEG)					42.00	57.90+	42.00	32.40*	37
38 CHEMOTHERAPY					42.00	31.30	72.00	02.40	38
39 COLLECTION OF SPECIMENS									39
40 DEBRIDEMENT OF NAILS					20.00	15.00	15.60*	15.90*	40
41 SKIN BIOPSY					30.00	30.00	30.00	30.00	41
42 CHEMOCAUTERY					17.00	16.70*	20.00	15.50+	42
43 RADICAL MASTECTOMY					1000.00	746.10+	217 177	829.00+	43
44 OPEN REDUCTION OF FRACTURE					75.50*	829.00*	829.00*	37.70+	44
45 ARTHROCENTESIS-MAJOR JOINT	10.00	12.50	15.00	19.90+	5.70•	20.00	15.00	24.80*	45
46 CORONARY ARTERY BYPASS	10.00	12.50	13.00	13.30	572.00 •	850.00	596.90+	810.90*	46
47 TOTAL ARTIFICIAL HIP REPLACE					733.80*	733.80*	857.00*	733.80*	47
48 NEEOLE PUNCTURE OF BURSA					24.80*	24.80*	24.80+	23.60*	48
49 BRONCHOSCOPY					190.00	165.80*	207.20+	207.20*	49
50 THORACENTESIS					75.00	41.40+	2077.207	207.20	50
51 CATHERIZATION OF HEART					326.70*	298.80*	352.90*	411.90*	51
52 INSERTION OF PACEMAKER					900.00	829.00+	48.70*	21.60*	52
53 PARTIAL COLECTOMY					1350.00	829.00*	795 90+	829.00*	53
54 APPENOECTOMY	438.10+	462.25+	346.90*	51.80*	500.00	497.40		323.00+	54
55 SIGMOIOOSCOPY	430.10*	402.25	540.50*	31.00	48.00	33.10*	42.80*	19.00*	55
33 310/10/30001					40.00	33.10-	42.00	13,00	33

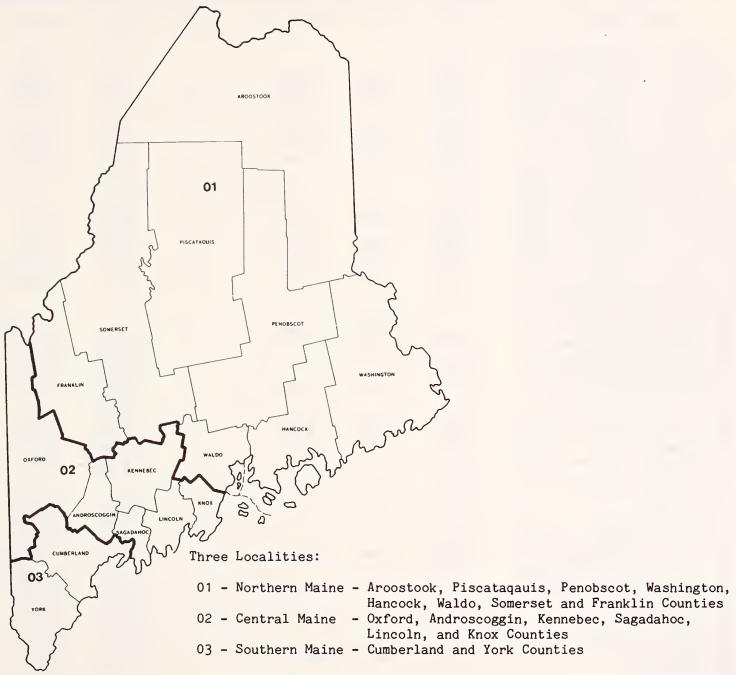
1981 PREVAILING CHARGE SUMMARY		PAN-AMERICAN OESIGNATION				ISIANA TY OESIGNAT	ION FOR SPE	CIALIST	
PROCEOURE DESCRIPTION	01	02	03	04	01	02	03	04	
56 HEMORRHOIDECTOMY					475.00	373.00*	40.30*	414.40*	56
57 CHOLECYSTECTOMY 58 REPAIR HERNIA					829.00*	205 00	580.30* 440.00	331.60*	57 58
59 OIAGNOSTIC CYSTOURETHROSCOPY	65.00	60.10*	8.40*	61.60*	500.00 25.10*	395.00 41.40*	58.00*	75.00	59
60 OILATION OF URETHRA	05.00	00.10*	8.40*	01.00*	15.00	16.70*	7.00	15.00	60
61 PROSTATECTOMY - SUPRAPUBIC					829.00*	704.70*	795.90*	746.10*	61
62 ELECTROSECTION-PROSTATE (TUR)	850.00	23.50*	721.80*	36.70*	829.00*	704.70*	795.90*	746.10*	62
63 HYSTERECTOMY	000.00	20.00	, , , , , ,	•••••	750.00	750.00	663.20*	750.00	63
64 INITIAL COMPLETE EYE EXAM					28.00	28.00	28.00	28.00	64
65 COMPREHENSIVE EYE EXAM					28.00	28.00	28.00	28.00	65
66 EYE EXAM WITH TONOMETRY					13.10*	10.00	13.10*	11.60*	66
67 EXTRACTION OF LENS	660.50*	660.50*	656.30*	709.40*	829.00*	829.00*	700.00	663.20*	67
68 CHEST X-RAY - SINGLE VIEW	20.00	24.80*	24.80*	20.00	24.80*	11.00	24.80*	24.80*	68
69 CHEST X-RAY - TWO VIEWS	29.00*	25.00	24.80*	25.00	29.80*	23.00	29.80*	29.80*	69
70 X-RAY SPINE					58.00*	40.00	58.00*	58.00*	70
71 X-RAY HIP					26.50*	10.00	35.00	37.90	71
72 X-RAY UPPER GI TRACT	58.00*	58.00*	58.00*	60.00	65.00	23.00	60.00	61.00	72
73 X-RAY COLON		.=			65.00	65.00	61.00	58.00*	73
74 RADIATION THERAPY-LOW VOLT	21.00	17.40*	19.25*	21.00	20.00	20.30*	21.00	21.00	74
75 RADIATION THERAPY-SUPER VOLT	32.50*	27.30*	30.30*	33.00	33.00	33.00	33.00	29.70*	75
76 RADIATION THERAPY-MEGAVOLT					41.00	37.00	37.00	37.00	76
77 CAT SCAN - HEAD					281.50*	280.90*	286.50	264.40*	77
78 CAT SCAN - ABOOMEN					281.50* 65.00	280.90* 65.00	286.50 65.00	264.40* 65.00	78 79
79 THREE CHEMISTRY TESTS 80 NINETEEN CHEMISTRY TESTS					36.52	27.77	28.61	29.20	80
81 CULTURE - OTHER THAN BLOOD					13.28	14.07	17.40	12.48	81
82 HEMOGLOBIN					4.00	4.00	4.00	4.36	82
83 AUTOMATEO BLOOD COUNT					13.87	10.00	10.00	10.56	83
84 WHITE CELL COUNT					3.76	4.34	4.00	4.00	84
85 COMPLETE BLOOD COUNT (CBC)					13.87	10.00	10.00	10.56	85
86 CHOLESTEROL TEST					8.76	8.00	7.72	8.00	86
87 FLOCCULATION TEST					7.00	6.30	6.36	7.00	87
88 HEMATOCRIT					4.53	4.00	4.00	3.72	88
89 PLATELET COUNT (REES-ECKER)					9.26	9.07	7.12	7.64	89
90 POTASSIUM TEST - BLOOD					8.44	8.00	7.46	8.00	90
91 PROTHROMBIN TIME TEST					7.79	8.14	7.07	6.80	91
92 SEOIMENTATION RATE					5.60	8.22	6.00	6.28	92
93 BLOOD SUGAR					8.82	8.70	7.22	8.22	93
94 BUN-UREA - NITROGEN					9.14	8.00	7.20	8.00	94 95
95 URIC ACIO					10.00	10.00 5.84	9.16 4.64	9.44 4.52	95 96
96 FECES-OCCULT BLOOD-SCREENING					5.00 9.85	10.00	8.80	9.02	97
97 PAP TEST					6.00	6.92	6.00	6.52	98
98 ROUTINE URINALYSIS 99 CHEMICAL URINALYSIS					3.68	4.00	4.00	4.00	99
100 PATHOLOGY - THREE SPECIMENS					22.75	18.50	16.00	15.00	100
101 ELEC MONITORING-PACEMAKER					40.30	40.30	40.30	36.75	101
102 OONOR NEPHRECTOMY-UNILATERAL					14.80	10.60	10.60	10.60	102
103 KIONEY TRANSPLANT					29.70	22.00	25.40	21.00	103
104 HOSPITAL BEO - RENTAL					614.80	498.20	498.20	498.20	104
105 WALKER - RENTAL					38.03	51.30	45.10	42.90	105
106 WHEELCHAIR - RENTAL					232.10	249.90	239.40	372.30	106
107 LIQUIO OXYGEN - RENTAL									107
108 HOSPITAL BEO - PURCHASE									108
109 WALKER - PURCHASE									109
110 WHEELCHAIR - PURCHASE									110

1981 PREVAILING CHARGE SUMMARY			LIFE INSUR FOR GENERA		LOUISIANA LOCALITY OESIGNATION FOR SPECIALIST				
PROCEOURE DESCRIPTION	05	06	07	50	05	06	07	50	
1 INITIAL BRIEF OFFICE VISIT					41.40*	40.00	40.00	33.10+	1
2 INITIAL LIMITED OFFICE VISIT	24.80*	20.00	19.90*	19.90*	41.40*	40.00	40.00	33.10*	2
3 INITIAL INTERMED OFFICE VISIT					41.40*	40.00	40.00	33.10*	3
4 INITIAL COMP OFFICE VISIT	24.80*	20.00	19.90*	19.90*	41.40*	40.00	40.00	33.10*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	4.90*	8.00	5.00	4.90*	7.00	5.80*	7.00	5.80*	5
6 BRIEF FOLLOWUP OFFICE VISIT	8.20*	8.20*	9.90*	8.20*	13.10*	13.10*	13.10*	11.60*	6
7 LIMITEO FOLLOWUP OFFICE VISIT	22.00	15.00	13.10*	13.10*	16.70*	16.70*	15.00	15.00	7
8 INTERMEDIATE F/U OFFICE VISIT	22.00	15.00	13.10*	13.10*	16.70*	16.70*	15.00	15.00	8
9 EXTENDED F/U OFFICE VISIT	22.00	15.00	13.10*	13.10*	16.70*	16.70*	15.00	15.00	9
10 COMP FOLLOWUP OFFICE VISIT	12.50	12.50	12.50	10.40*	12.40*	12.40*	12.40*	10.40*	10
11 BRIEF FOLLOWUP HOME VISIT	13.10*	16.70*	20.00	16.70*	25.00	15.50*	15.80*	16.70*	11
12 LIMITEO FOLLOWUP HOME VISIT									12
13 INTERMOIATE F/U HOME VISIT	25.00	25.00	25.00	24.80*					13
14 EXTENDED CARE FACILITY VISIT									14
15 BRIEF F/U NURSING HOME VISIT	8.20*	8.20	9.90	8.20*	13.10	13.10*	13.10	11.60*	15
16 INITIAL BRIEF HOSPITAL VISIT	34.90*	35.00	24.80*	33.10+	41.40+	45.00	40.00	41.40*	16
17 INIT INTERMED HOSPITAL VISIT					66.00	50.00	74.50*	58.00*	17
18 INITIAL COMP HOSPITAL VISIT	41.40*	35.00	45.00	45.00	66.00	50.00	74.50*	58.00*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	17.00+	15.00	15.00	15.00	16.70*	16.70*	19.90*	19.90*	19
20 LIMITEO F/U HOSPITAL VISIT	17.00*	15.00	15.00	15.00	16.70*	16.70*	19.90*	19.90*	20
21 INTERMEO F/U HOSPITAL VISIT	33.10*	24.80+	33.10+	35.00	35.00	26.80*	40.00	33.10*	21
22 EXTENDED F/U HOSPITAL VISIT	33.10-	24.00	33.10	33.00	35.00	26.80*	40.00	33.10*	22
23 BRIEF EMERGENCY ROOM VISIT					25.00	24.80*	16.70*	24.80*	23
24 LIMITEO EMERGENCY ROOM VISIT					25.00	24.80*	16.70*	24.80*	24
25 INTERMED EMERGENCY ROOM VISIT					14.50*	14.50+	14.50+	10.40*	25
26 LIMITEO CONSULTATION	41.40*	41.40+	22 40+	44 404				41.40+	
-	41.40*	41.40*	33.10+	41.40+	41.40*	41.40+	40.00		26
27 EXTENSIVE CONSULTATION					58.00 *	58.00+	58.00+	58.00*	27
28 COMPREHENSIVE CONSULTATION					65.80+	83.00+	83.00+	74.50+	28
29 PSYCHOTHERAPY-ONE HOUR					5.60	6.25	5.00	5.00	29
30 PSYCHOTHERAPY-HALF HOUR					5.60	6.25	5.00	5.00	30
31 CHIROPRACTIC OFFICE VISIT					12.00*	12.90*	10.00	10.00	31
32 INITIAL PHYSIOTHERAPY							44.00	10 10	32
33 F/U POOIATRIC OFFICE VISIT				0.4.00	14.90*	14.90*	14.90+	13.10*	33
34 ELECTROCARDIOGRAM (EKG)	24.80*	23.00	16.70*	24.80*	24.80*	23.00	24.80*	24.80*	34
35 EKG-INTERPRET AND REPORT ONLY	11.60*	12.40*	11.60*	12.40*	15.00	20.00	15.00	14.00	35
36 SPIROMETRY					42.80*	39.90*	60.00	38.70*	36
37 ELECTROENCEPHALOGRAM (EEG)					42.00	42.00	25.20*	25.20*	37
38 CHEMOTHERAPY									38
39 COLLECTION OF SPECIMENS							.=		39
40 DEBRIDEMENT OF NAILS					15.70*	20.00	15.60*	20.00	40
41 SKIN BIOPSY					24.80*	25.00	24.80*	30.00	41
42 CHEMOCAUTERY					16.70*	15.50*	15.80+	25.00	42
43 RADICAL MASTECTOMY					746.10*	829.00*	829.00*	704.70*	43
44 OPEN REDUCTION OF FRACTURE					829.00*	829.00*	829.00*	829.00+	44
45 ARTHROCENTESIS-MAJOR JOINT	15.30*	15.00	15.00	15.00	16.70*	16.70*	16.70*	27.00	45
46 CORONARY ARTERY BYPASS					564.75*	564.30*	573.30*	700.60*	46
47 TOTAL ARTIFICIAL HIP REPLACE					867.80*	909.20*	878.80*	130.00	47
48 NEEOLE PUNCTURE OF BURSA					24.80*	24.80*	24.80*	24.80*	48
49 BRONCHOSCOPY					207.20*	207.20*		190.00	49
50 THORACENTESIS					54.50*	41.40*	50.40*	41.40*	50
51 CATHERIZATION OF HEART					436.20*	506.00	402.90*	545.30*	51
52 INSERTION OF PACEMAKER						829.00*		650.00	52
53 PARTIAL COLECTOMY					829.00*	746.10*	829.00*	829.00*	53
54 APPENDECTOMY	372.80*	420.20*	402.90*	331.60*	462.70*	497.40*	497.40*	497.40*	54
55 SIGMOIOOSCOPY					33.10*	33.10*	33.10*	41.40*	55

	1981 PREVAILING CHARGE SUMMARY		PAN-AMERICAN DESIGNATION				ISIANA TY DESIGNAT	ION FOR SPE	CIALIST	
	PROCEDURE DESCRIPTION	05	06	07	50	05	06	07	50	
56	HEMORRHOIDECTOMY					414.40*	414.40*	394.40*	373.00*	56
57	CHOLECYSTECTOMY					43.00*	550.00	704.70*	580.30*	57
58	REPAIR HERNIA					414.40*	414.40*	580.30*	414.40*	58
59	OIAGNOSTIC CYSTOURETHROSCOPY	10.10*	59.90*	62.50*	66.30*	58.00*	58.00*	19.70*	66.30*	59
60	OILATION OF URETHRA					15.00	16.70*	13.00	17.00	60
61	PROSTATECTOMY - SUPRAPUBIC						663.20*		746.10*	61
62	ELECTROSECTION-PROSTATE (TUR)	22.30*	750.80*	817.60*	663.20*		663.20*		746.10*	62
63	HYSTERECTOMY					750.00	750.00	750.00	663.20*	63
64	INITIAL COMPLETE EYE EXAM					27.00	25.60	28.00	24.00	64
65	COMPREHENSIVE EYE EXAM					27.00	25.60	28.00	24.00	65
66	EYE EXAM WITH TONOMETRY					11.60*	8.20*	8.20*	12.00	66
67	EXTRACTION OF LENS	615.10*	760.10*	793.60*	183.40*	663.20*	800.00	800.00	746.10*	67
68	CHEST X-RAY - SINGLE VIEW	24.80*	19.90*	16.70*	19.90*	24.80*	24.80*	24.80*	20.00	68
69	CHEST X-RAY - TWO VIEWS	26.00	25.00	25.00	29.80*	29.80*	29.80*	29.80*	23.00	69
70	X-RAY SPINE					58.00*	58.00*	58.00*	58.00*	70
7 1	X-RAY HIP					29.30*	33.10*	30.80*	33.10*	71
72	X-RAY UPPER GI TRACT	58.00*	58.00*	58.00*	66.30*	61.00	58.00*	61.00	49.70*	72
73	X-RAY COLON					65.00	65.00	65.00	49.70*	73
74	RADIATION THERAPY-LOW VOLT	21.00	19.30*	20.10*	18.60*	21.00	21.00	21.00	20.90*	74
75	RADIATION THERAPY-SUPER VOLT	33.00	30.30*	31.60*	29.30*	33.00	33.00	28.90*	32.90*	75
76	RADIATION THERAPY-MEGAVOLT					37.00	37.00	37.00	37.00	76
77	CAT SCAN - HEAD					277.10*	286.50	250.90*	285.70*	77
78	CAT SCAN - ABOOMEN					277.10*	286.50	250.90*	285.70*	78
79	THREE CHEMISTRY TESTS					65.00	65.00	65.00	65.00	79
80	NINETEEN CHEMISTRY TESTS					30.32	33.50	28.61	35.11	80
	CULTURE - OTHER THAN BLOOD					15.00	17.76	13.26	11.00	81
	HEMOGLOBIN					4.36	4.28	3.69	4.00	82
	AUTOMATED BLOOD COUNT					10.00	8.88	10.00	10.00	83
	WHITE CELL COUNT					4.00	4.00	4.00	4.00	84
	COMPLETE BLOOD COUNT (CBC)					10.00	8.88	10.00	10.00	85
	CHOLESTEROL TEST					7.52	7.52	7.90	8.84	86
	FLOCCULATION TEST					6.07	7.16	7.00	7.72	87
	HEMATOCRIT					4.36	4.00	4.00	4.00	88
	PLATELET COUNT (REES-ECKER)					7.52	7.73	8.00	8.00	89
	POTASSIUM TEST - BLOOD					7.92	8.00	7.72	8.61	90
	PROTHROMBIN TIME TEST					7.52	7.84	8.00	8.00	91
	SEDIMENTATION RATE					6.00	6.40	6.32	6.37	92
	BLOOD SUGAR					7.60	8.00	8.00	8.53	93
	BUN-UREA - NITROGEN					7.69	8.00	7.84	8.50	94
	URIC ACIO					9.36	9.44	9.19	10.00	95
	FECES-OCCULT BLOOD-SCREENING					5.00	4.72	4.80	5.00	96
	PAP TEST					8.20	8.92	10.00	10.00	97
	ROUTINE URINALYSIS					5.52	5.53	5.44	5.32	98
	CHEMICAL URINALYSIS					4.00	4.00	4.00	4.00	99
	PATHOLOGY - THREE SPECIMENS					15.00	21.00	21.00	18.00	100
	ELEC MONITORING-PACEMAKER					40.30	52.50	31.50	33.40	101
	OONOR NEPHRECTOMY-UNILATERAL					10.60	11.60	10.60	10.00	102
	KIDNEY TRANSPLANT					25.20	21.00	21.00	20.00	103
	HOSPITAL BEO - RENTAL					498.20	498.20	498.20	498.20	104
	WALKER - RENTAL					42.90	47.80	43.90	46.93	105
	WHEELCHAIR - RENTAL					239.40	317.20	239.40	226.00	106
	LIQUIO OXYGEN - RENTAL									107
	HOSPITAL BED - PURCHASE									108
	WALKER - PURCHASE									109
	WHEELCHAIR - PURCHASE									110

MAINE

# MAINE

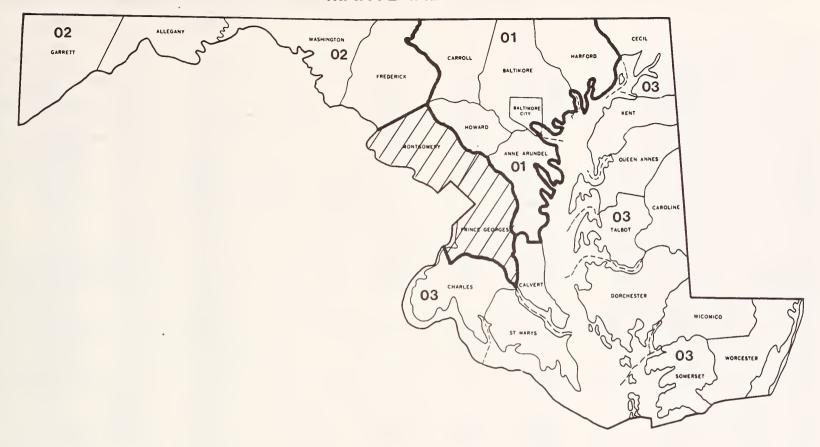


	1981 PREVAILING CHARGE SUMMARY	OATA B/S LOCALITY OE	OF MASSACH SIGNATION F		PRACTICE	MAINE LOCALITY	OESIGNATIO	N FOR SPECIALIST	
	PROCEOURE DESCRIPTION	AREA O1	AREA 02	AREA 03		AREA 01	AREA 02	AREA 03	
	INITIAL BRIEF OFFICE VISIT					13.00	13.30*	13.30*	1 2
3	INITIAL INTERMED OFFICE VISIT					8.30*	6.60*	8.30*	3
	INITIAL COMP OFFICE VISIT	25.00	24.00	25.00		40.00	41.50*	41.50*	4
	MINIMAL FOLLOWUP OFFICE VISIT	6.60*	6.60*	8.30*		8.30*	6.60*	8.30*	5
	BRIEF FOLLOWUP OFFICE VISIT	9.90*	11.60*	11.60*		13.00	13.30*	13.30*	6
	LIMITEO FOLLOWUP OFFICE VISIT								7
	INTERMEDIATE F/U OFFICE VISIT	15.00	15.00	15.00		19.90*	19.10*	16.60*	8
	EXTENDED F/U OFFICE VISIT	20.00	15.00	15.00		24.90*	27.00	24.90*	9
	COMP FOLLOWUP OFFICE VISIT	35.80	36.50	39.10*		40.00	24.90*	24.90*	10
_	BRIEF FOLLOWUP HOME VISIT	9.90+	11.60*	11.60*		13.00	13.30+	13.30	11
	LIMITEO FOLLOWUP HOME VISIT	0.00				20.00	25.00	25.00	12
	INTERMOIATE F/U HOME VISIT					20.00	20.00	20.00	13
	EXTENDED CARE FACILITY VISIT								14
	BRIEF F/U NURSING HOME VISIT	15.00	14.90	16.60*		19.90*	19.90*	16.60*	15
	INITIAL BRIEF HOSPITAL VISIT	24.90*	24.90*	24.90*		35.00	25.00	40.00	16
	INIT INTERMED HOSPITAL VISIT	24.50	24.30	24.50		40.00	41.50*	49.70*	17
	INITIAL COMP HOSPITAL VISIT	35.00	35.00	49.70*		50.00	45.00	60.00	18
	BRIEF FOLLOWUP HOSPITAL VISIT	10.00	11.60*	13.30*		14.90*	13.30*	14.90*	19
	LIMITEO F/U HOSPITAL VISIT	16.60*	16.60*	16.60*		20.00	16.60+	26.50*	20
	INTERMED F/U HOSPITAL VISIT	10.00	10.00	10.00		20.00	10.00	20.50	21
	EXTENDED F/U HOSPITAL VISIT					30.00	33.80*	33.80*	22
	BRIEF EMERGENCY ROOM VISIT					00.00	00.00	00.00	23
	LIMITEO EMERGENCY ROOM VISIT								24
	INTERMED EMERGENCY ROOM VISIT								25
	LIMITEO CONSULTATION	25.50*	26.60*	24.90*		25.00	29.00*	33.80*	26
	EXTENSIVE CONSULTATION	23.30	20.00	24.50		40.00	40.00	40.00	27
	COMPREHENSIVE CONSULTATION					60.00	50.00	60.00	28
	PSYCHOTHERAPY-ONE HOUR					60.00	60.00	60.00	29
	PSYCHOTHERAPY-HALF HOUR					35.00	35.00	35.00	30
	CHIROPRACTIC OFFICE VISIT	9.00*	9.10*	12.00*		12.00+	11.90*	12.00*	31
	INITIAL PHYSIOTHERAPY	3.00	3.10	12.00		12.00*	11.50	10.00*	32
	F/U POOIATRIC OFFICE VISIT					12.00	12.00	12.00	33
	ELECTROCAROIOGRAM (EKG)	16.00	16.00	15.40*		16.00	15.00	16.00*	34
	EKG-INTERPRET AND REPORT ONLY	10.00	13.00	10.00		11.20*	10.00	10.00*	35
	SPIROMETRY	.0.00		, 0.00		33.00*	33.00+	33.00*	36
	ELECTROENCEPHALOGRAM (EEG)					75.00		75.00	37
	CHEMOTHERAPY					15.00	20.00	15.00	38
	COLLECTION OF SPECIMENS					10.00	20.00	13.00	39
	OEBRIOEMENT OF NAILS					15.50	15.50	15.50	40
	SKIN BIOPSY					25.00	24.90*	40.00	41
	CHEMOCAUTERY					20.00	20.00	20.00	42
	RADICAL MASTECTOMY					497.00*	580.30*	704.70*	43
	OPEN REDUCTION OF FRACTURE					100.00	100.00	100.00	44
	ARTHROCENTESIS-MAJOR JOINT	30.00	30.00	30.00		30.00	30.00	30.00	45
	CORONARY ARTERY BYPASS	-0.00	-0.00	50.00		00.00	00.00	30.00	46
	TOTAL ARTIFICIAL HIP REPLACE					1437.50+	1437.50*	1437.50*	47
	NEEDLE PUNCTURE OF BURSA					20.00	25.00	20.70*	48
	BRONCHOSCOPY					125.00	124.00*	125.00	49
	THORACENTESIS					30.00	30.00	30.00	50
	CATHERIZATION OF HEART					642.00*	642.00*	642.00*	51
_	INSERTION OF PACEMAKER					829.00+	850.00	850.00	52
	PARTIAL COLECTOMY					750.00	746.10	829.00*	53
	APPENOECTOMY	344.90*	358.10*	287.20*		397.00+	331.60*	400.00	54
55	SIGMOIOOSCOPY					41.50*	41.50+	49.70*	55

	1981 PREVAILING CHARGE SUMMARY	OATA B/S LOCALITY OE	OF MASSACH		PRACTICE	MAINE LOCALITY	OESIGNATIO	N FOR SPECIALIST	
	PROCEOURE DESCRIPTION	AREA 01	AREA O2	AREA 03		AREA O1	AREA 02	AREA 03	
57	HEMORRHOIOECTOMY CHOLECYSTECTOMY REPAIR HERNIA					248.70* 510.00 348.20*	248.70* 555.40* 331.60*	300.00 596.90*	56 57 58
59	OIAGNOSTIC CYSTOURETHROSCOPY OILATION OF URETHRA	45.90*	44.60*	35.30*		49.90* 20.00*	49.90* 20.00*	373.10* 49.90* 20.00*	59 60
62	PROSTATECTOMY - SUPRAPUBIC ELECTROSECTION-PROSTATE (TUR) HYSTERECTOMY	735.30*	759.00*	703.00*		798.60* 768.00* 665.50*	798.60* 798.60* 665.50*	798.60* 45.90*	61 62 63
64	INITIAL COMPLETE EYE EXAM COMPREHENSIVE EYE EXAM					25.00 25.00	25.00 25.00	665.50* 25.00 20.00	64 65
67	EYE EXAM WITH TONOMETRY EXTRACTION OF LENS CHEST X-RAY - SINGLE VIEW	632.00* 6.60	716.25* 8.26	574.30* 8.00		12.00 665.50* 6.70*	12.00 665.50* 6.70*	12.00 665.50* 6.70*	66 67 68
69 70	CHEST X-RAY - TWO VIEWS X-RAY SPINE	9.90*		10.00		9.40* 13.40*	9.40* 13.40*	9.40* 13.40*	- 69 70
72	X-RAY HIP X-RAY UPPER GI TRACT X-RAY COLON	24.20*		25.00		10.70* 26.80* 24.10*	10.70* 26.80* 24.10*	10.70* 26.80* 24.10*	71 72 73
75	RADIATION THERAPY-LOW VOLT RADIATION THERAPY-SUPER VOLT	11.00	11.00	11.00		13.40*	13.40*	13.40*	74 75 76
77	RADIATION THERAPY-MEGAVOLT CAT SCAN - HEAO CAT SCAN - ABOOMEN					18.00 215.20*	18.00 215.20*	18.00 215.20*	76 77 78
80	THREE CHEMISTRY TESTS NINETEEN CHEMISTRY TESTS CULTURE - OTHER THAN BLOOD					5.00	5.00	5.00	79 80 81
82 83	HEMOGLOBIN AUTOMATEO BLOOO COUNT				<i>y</i> .	2.00 12.00	2.00 12.00	2.00 12.00	82 83
85	WHITE CELL COUNT COMPLETE BLOOD COUNT (CBC) CHOLESTEROL TEST					2.00 8.00 6.00	2.00 8.00 6.00	2.00 8.00 6.00	84 85 86
87 88	FLOCCULATION TEST HEMATOCRIT					2.00 5.00	2.00	2.00	87 88 89
90	PLATELET COUNT (REES-ECKER) POTASSIUM TEST - BLOOO PROTHROMBIN TIME TEST					6.00	8.00 6.00	8.00 6.00	90 91
93	SEOIMENTATION RATE BLOOO SUGAR BUN-UREA - NITROGEN					6.00 4.00 6.00	6.00 4.00 6.00	6.00 4.00 6.00	92 93 94
95 96	URIC ACIO FECES-OCCULT BLOOD-SCREENING					3.00	3.00	3.00	95 96
98	PAP TEST ROUTINE URINALYSIS CHEMICAL URINALYSIS					4.00 5.00 3.00	4.00 5.00 3.00	4.00 5.00 3.00	97 98 99
100 101	PATHOLOGY - THREE SPECIMENS ELEC MONITORING-PACEMAKER OONOR NEPHRECTOMY-UNILATERAL					12.00 45.00	12.00 45.00	12.00 45.00	100 101 102
104	KIONEY TRANSPLANT HOSPITAL BEO - RENTAL WALKER - RENTAL								103 104 105
106 107	WHEELCHAIR - RENTAL LIQUIO OXYGEN - RENTAL HOSPITAL BEO - PURCHASE								106 107 108
109	WALKER - PURCHASE WHEELCHAIR - PURCHASE								109 110

MARYLAND

## **MARYLAND**



Three Localities: (Exclusive of Washington D.C. Locality.)

- 01 Baltimore City, Baltimore, Howard, Harford, Anne Arundel and Carroll Counties
- 02 Frederick, Washington, Allegany and Garrett Counties
- O3 Calvert, Charles, St. Mary's, Cecil, Kent, Queen Anne's, Caroline, Talbot, Dorchester, Wicomico, Somerset and Worchester Counties

### MARYLANO

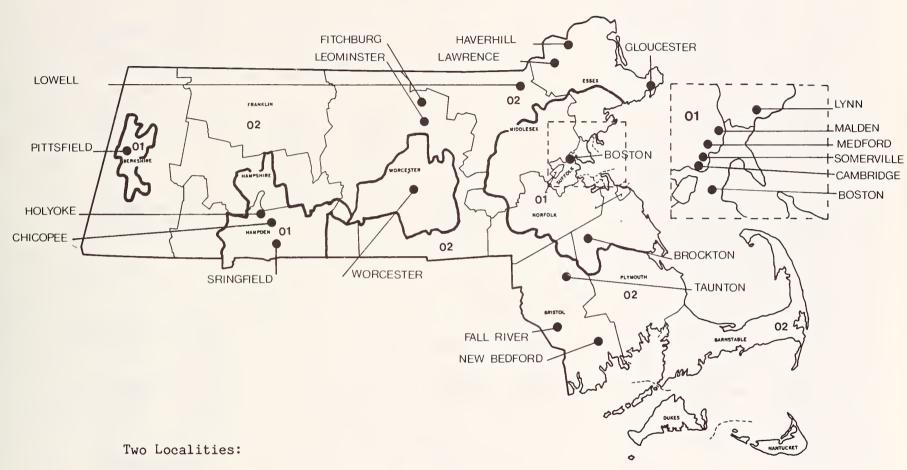
PRACTICE LOCALITY DESIGNATION FOR SPECIALIST

	LUCALITY UE:	SIGNALIUN F	OR GENERAL PRACTICE	LUCALITY	UESIGNATIO	IN FUR SPECIALIS	
PROCEOURE DESCRIPTION	ZONE 1	ZONE 2	ZONE 3	ZONE 1	ZONE 2	ZONE 3	
1 INITIAL BRIEF OFFICE VISIT				18.00	16.70+	15.00	1
2 INITIAL LIMITEO OFFICE VISIT	15.00	15.00	15.00	20.00	18.00	16.00	2
3 INITIAL INTERMED OFFICE VISIT		.0.00		20.00	18.00	16.00	3
4 INITIAL COMP OFFICE VISIT	40.00	45.00		20.00		58.00+	4
5 MINIMAL FOLLOWUP OFFICE VISIT	10.00	3.00	7.00	7.00	3.00	5.00	5
6 BRIEF FOLLOWUP OFFICE VISIT	11.60*	12.00	12.00	18.00	16.70*	15.00	6
7 LIMITEO FOLLOWUP OFFICE VISIT	15.00	15.00	15.00	20.00	18.00	16.00	7
8 INTERMEDIATE F/U OFFICE VISIT	15.00	15.00	15.00	20.00	18.00	16.00	8
9 EXTENDED F/U OFFICE VISIT	20.00	20.00	15.00	28.00	25.00	24.00	9
10 COMP FOLLOWUP OFFICE VISIT	40.00	45.00	33.00	66.40*	55.00	58.00+	10
11 BRIEF FOLLOWUP HOME VISIT	16.70*	16.70*	16.70*	20.00	22.00	20.00	11
12 LIMITEO FOLLOWUP HOME VISIT	10.70	10.70	10.70	20.00	24.00	19.90*	12
13 INTERMOIATE F/U HOME VISIT	20.00	17.00	20.00	20.00	24.00	19.90+	13
14 EXTENDED CARE FACILITY VISIT	20.00	17.00	20.00	20.00	16.70*	15.00	14
15 BRIEF F/U NURSING HOME VISIT	11.60*	12.00*	11.60*	18.00*	15.00	15.00	15
16 INITIAL BRIEF HOSPITAL VISIT	41.40*	41.40*	41.40*	82.80*	60.00	70.00	16
17 INIT INTERMED HOSPITAL VISIT	41.40	41.40	41.40	82.80*	60.00	70.00	17
18 INITIAL COMP HOSPITAL VISIT	41.40*	41.40*	41.40*	82.80*	60.00	70.00	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	16.70*	11.60+	10.00	16.70*	15.00	15.00	19
20 LIMITEO F/U HOSPITAL VISIT	24.90*	15.00	15.00	24.90+	15.00	20.00	20
21 INTERMED F/U HOSPITAL VISIT	24.90*	15.00	15.00	24.90*	15.00	20.00	
	24.50+	15.00	15.00	40.00			21
22 EXTENDED F/U HOSPITAL VISIT					25.00	30.00	22
23 BRIEF EMERGENCY ROOM VISIT				15.00	20.00	15.00	23
24 LIMITEO EMERGENCY ROOM VISIT				30.00	20.00	20.00	24
25 INTERMEO EMERGENCY ROOM VISIT	22 40+	22 40+	44 40+	30.00	20.00	20.00	25
26 LIMITEO CONSULTATION	33.10*	33.10*	41.40*	58.00*	58.00+	58.00*	26
27 EXTENSIVE CONSULTATION				58.00*	58.00+	58.00*	27
28 COMPREHENSIVE CONSULTATION				82.80*	65.00	70.00	28
29 PSYCHOTHERAPY-ONE HOUR				55.00	18.20+	25.00	29
30 PSYCHOTHERAPY-HALF HOUR	45.00			35.00	26.70	27.50	30
31 CHIROPRACTIC OFFICE VISIT	15.00			11.90*	9.80*	12.00+	31
32 INITIAL PHYSIOTHERAPY				16.70*	11.60*	18.00	32
33 F/U POOLATRIC OFFICE VISIT				11.90*	12.30*	14.40*	33
34 ELECTROCAROIOGRAM (EKG)	25.00	25.00	24.90*	25.00	25.00	24.90*	34
35 EKG-INTERPRET AND REPORT ONLY	11.60*	17.60*	11.60+	11.60*	11.60*	11.60*	35
36 SPIROMETRY				20.00*			36
37 ELECTROENCEPHALOGRAM (EEG)				80.00			37
38 CHEMOTHERAPY				28.00	25.00	15.00	38
39 COLLECTION OF SPECIMENS				5.00	5.00	5.50	39
40 DEBRIDEMENT OF NAILS							40
41 SKIN BIOPSY				40.00	30.00	33, 10*	41
42 CHEMOCAUTERY							42
43 RADICAL MASTECTOMY				709.40*	630.00	727.80*	43
44 OPEN REDUCTION OF FRACTURE				829.20*	829.20*	829.20*	44
45 ARTHROCENTESIS-MAJOR JOINT	25.00	25.00	24.90*				45
46 CORONARY ARTERY BYPASS				2250.00		1951.50*	46
47 TOTAL ARTIFICIAL HIP REPLACE				1658.50*	1658.50*	1658.50*	47
48 NEEOLE PUNCTURE OF BURSA				40.00	37.00	41.40*	48
49 BRONCHOSCOPY				165.80*	165.80*	165.80*	49
50 THORACENTESIS				82.80*	49.70*	50.00*	50
51 CATHERIZATION OF HEART				432.30*			51
52 INSERTION OF PACEMAKER				800.00	800.00	800.00	52
53 PARTIAL COLECTOMY				829.20*	663.40*	829.20*	53
54 APPENOECTOMY				414.50+	300.00	348.20*	54
55 SIGMOIOOSCOPY				49.70*	41.40*	33.10+	55

	COURTILL OF	314/1/10/1	OK GENERAL TRACTIOE	EGGAETTI	OLGIGINATIO	NO TON STEETHERST	
PROCEOURE DESCRIPTION	ZONE 1	ZONE 2	ZONE 3	ZONE 1	ZONE 2	ZONE 3	
56 HEMORRHOIOECTOMY				300.00	273.70*	258.70*	56
57 CHOLECYSTECTOMY				638.40*	497.50*	580.30*	57
58 REPAIR HERNIA				414.50*	331.70*	358.20*	58
59 OIAGNOSTIC CYSTOURETHROSCOPY				82.80*	40.00	66.40*	59
60 DILATION OF URETHRA				25.00	15.00	20.00	60
61 PROSTATECTOMY - SUPRAPUBIC				912.00*	702.00*	912.00*	61
62 ELECTROSECTION-PROSTATE (TUR)				1000.00	800.00	920.00	62
63 HYSTERECTOMY				829.20*	787.80*	746.20*	63
64 INITIAL COMPLETE EYE EXAM				24.00	24.00	20.00	64
65 COMPREHENSIVE EYE EXAM				35.00	35.00	25.00	65
66 EYE EXAM WITH TONOMETRY				19.00	12.00	15.00	6 <b>6</b>
67 EXTRACTION OF LENS	587.25*			829.20*	663.40*	663.40*	67
68 CHEST X-RAY - SINGLE VIEW	19.90*	20.00	18.00*	24.90*	24.90*	24.90*	68
69 CHEST X-RAY - TWO VIEWS	24.00	24.00	23.00	30.00	25.00	30.00	69
70 X-RAY SPINE				37.50	40.00	39.00	70
71 X-RAY HIP	70.00		70.00	33.10*	20.00	24.90*	71
72 X-RAY UPPER GI TRACT	70.00		70.90*	70.00	70.00	70.00	72
73 X-RAY COLON				65.00	65.00	65.00	73 74
74 RADIATION THERAPY-LOW VOLT				24.90* 24.90*			74 75
75 RADIATION THERAPY-SUPER VOLT				24.90*			75 76
76 RADIATION THERAPY-MEGAVOLT 77 CAT SCAN - HEAD				300.00			77
78 CAT SCAN - ABDOMEN				314.50*P			78
79 THREE CHEMISTRY TESTS				314.50			79
BO NINETEEN CHEMISTRY TESTS				20.00	20.00	16.50	80
81 CULTURE - OTHER THAN BLOOD				12.50	12.50	10.00	81
82 HEMOGLOBIN				3.00L	3.00L	3.00	82
83 AUTOMATEO BLOOD COUNT							83
84 WHITE CELL COUNT				2.50L	2.50L	2.50L	84
85 COMPLETE BLOOD COUNT (CBC)				8.00L	8.00L	8.00L	85
86 CHOLESTEROL TEST				5.00	5.00L	5.00L	86
87 FLOCCULATION TEST							87
88 HEMATOCRIT				3.00L	3.00	3.00	88
89 PLATELET COUNT (REES-ECKER)				5.00	5.00	10.00	89
90 POTASSIUM TEST - BLOOD				6.00	5.50	5.00	90
91 PROTHROMBIN TIME TEST				4.00L	4.00L	4.00L	91
92 SEOIMENTATION RATE				3.00L	3.00L	3.00L	92
93 BLOOO SUGAR				5.00	5.00L	5.00L	93
94 BUN-UREA - NITROGEN				5.00	5.00L	5.00L	94
95 URIC ACIO				4.75L	4.75L	4.75L	95 96
96 FECES-OCCULT BLOOD-SCREENING				5.00	3.00	3.00	97
97 PAP TEST				7.00L 4.00L	7.00 4.00	7.00 4.00L	98
98 ROUTINE URINALYSIS				3.00	2.00	1.50	99
99 CHEMICAL URINALYSIS				25.00	20.00	20.00	100
100 PATHOLOGY - THREE SPECIMENS				35.00*	20.00	20.00	101
101 ELEC MONITORING-PACEMAKER 102 OONOR NEPHRECTOMY-UNILATERAL				766.70*			102
103 KIONEY TRANSPLANT				1891.80*			103
104 HOSPITAL BEO - RENTAL				45.00L	38.00	45.00L	104
105 WALKER - RENTAL				15.00	8.00	8.50	105
106 WHEELCHAIR - RENTAL				25.00L	22.00	25.00	106
107 LIQUIO OXYGEN - RENTAL				55.00			107
108 HOSPITAL BEO - PURCHASE				411.00L	411.00L	411.00L	108
109 WALKER - PURCHASE				34.00	37.00	33.50	109
110 WHEELCHAIR - PURCHASE				218.00L	218.00L	218.00L	110

MASSACHUSETTS

# **MASSACHUSETTS**



01 - Urban

02 - Suburban/Rural

(For more locality information see Appendix A)

1981	PREVAILING	CHARGE	SUMMARY	DATA	B/S	OF	MASSAC	HUSE	ETTS		
				LOCAL	ITY DES	TOP	MOTTAN	FOR	GENERAL	PRACTICE	

#### MASSACHUSETTS LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	URBAN	SUBURB	URBAN	SUBURB	
1 INITIAL BRIEF OFFICE VISIT			20.00	16.60*	
2 INITIAL LIMITED OFFICE VISIT			20.00	10.00	
3 INITIAL INTERMED OFFICE VISIT			30.00	22.00	3
4 INITIAL COMP OFFICE VISIT	33.20*	20.00	41.50*	40.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT	40.00	10.00	20.00	46.00	9
6 BRIEF FOLLOWUP OFFICE VISIT 7 LIMITED FOLLOWUP OFFICE VISIT	13.30*	13.30*	20.00	16.60*	7
8 INTERMEDIATE F/U OFFICE VISIT					8
9 EXTENDED F/U OFFICE VISIT					ģ
10 COMP FOLLOWUP OFFICE VISIT					10
11 BRIEF FOLLOWUP HOME VISIT	13.30*	13.30*	20.00	16.60*	11
12 LIMITED FOLLOWUP HOME VISIT					12
13 INTERMOTATE F/U HOME VISIT					13
14 EXTENDED CARE FACILITY VISIT	40.00+	16 60+	24 90+	22.00	14
15 BRIEF F/U NURSING HOME VISIT 16 INITIAL BRIEF HOSPITAL VISIT	19.90*	16.60*	24.90*	22.00	15 16
17 INIT INTERMED HOSPITAL VISIT					17
18 INITIAL COMP HOSPITAL VISIT	24.90*	24.90*	41.50*	41.50*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	16.00	16.00	21.60*		19
20 LIMITED F/U HOSPITAL VISIT .					20
21 INTERMED F/U HOSPITAL VISIT	16.40*	22.20*	27.00	20.00	2 1
22 EXTENDED F/U HOSPITAL VISIT					22
23 BRIEF EMERGENCY ROOM VISIT					23
24 LIMITEO EMERGENCY ROOM VISIT					24 25
25 INTERMED EMERGENCY ROOM VISIT 26 LIMITED CONSULTATION					26
27 EXTENSIVE CONSULTATION					27
28 COMPREHENSIVE CONSULTATION			66.30*	58.00	28
29 PSYCHOTHERAPY-ONE HOUR			60.00	60.00	29
30 PSYCHOTHERAPY-HALF HOUR			35.00	21.10*	30
31 CHIROPRACTIC OFFICE VISIT	13.10	11.10+	13.10	13.00+	31
32 INITIAL PHYSIOTHERAPY			22.40*		32
33 F/U PODIATRIC OFFICE VISIT		04.00	13.30*		33
34 ELECTROCAROIOGRAM (EKG)	16.00	24.90*	16.00	24.90*	34
35 EKG-INTERPRET AND REPORT ONLY 36 SPIROMETRY	15.00	14.20	12.40* 5.00	8.30* 5.00	35
37 ELECTROENCEPHALOGRAM (EEG)			80.00	35.00	37
38 CHEMOTHERAPY			25.00	21.60*	38
39 COLLECTION OF SPECIMENS					39
40 DEBRIDEMENT OF NAILS			41.50*	33.20*	40
41 SKIN BIOPSY			40.00	24.90*	41
42 CHEMOCAUTERY					42
43 RADICAL MASTECTOMY			621.75*		43
44 OPEN REDUCTION OF FRACTURE 45 ARTHROCENTESIS-MAJOR JOINT	33.20*	30.00	497.40*		44
46 CORONARY ARTERY BYPASS	33.20*	30.00	40.00 2847.60*	40.00 2802.20*	46
47 TOTAL ARTIFICIAL HIP REPLACE			1895.10*		47
48 NEEDLE PUNCTURE OF BURSA			40.00	40.00	48
49 BRONCHOSCOPY			165.80*		49
50 THORACENTESIS			58.00	58.00*	50
51 CATHERIZATION OF HEART			414.50*		5 1
52 INSERTION OF PACEMAKER	•		994.80*		52
53 PARTIAL COLECTOMY	00.004	200 00+	994.80*		53
54 APPENOECTOMY 55 SIGMOIOOSCOPY	89.90*	290.00*	414.50÷ 41.50÷		54 55
33 31Gm01003C0F1			41.50*	40.00	55

PROCEOURE DESCRIPTION	URBAN	SUBURB	URBAN	SUBURB	
56 HEMORRHOIDECTOMY			331.60*	331.60*	56
57 CHOLECYSTECTOMY			696.40*	621.75*	57
58 REPAIR HERNIA					
	70 00+	66 20+	414.50*	373.10*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	70.80*	66.20*	90.00	75.00	59
60 DILATION OF URETHRA			27.00	20.00	60
61 PROSTATECTOMY - SUPRAPUBIC			900.00	746.10*	61
62 ELECTROSECTION-PROSTATE (TUR)	674.90	625.00	829.00*	663.20*	62
63 HYSTERECTOMY			800.00	746.10*	63
64 INITIAL COMPLETE EYE EXAM			24.90*	24.90*	64
65 COMPREHENSIVE EYE EXAM					65
66 EYE EXAM WITH TONOMETRY					66
67 EXTRACTION OF LENS	950.00	800.00	829.00*	800.00	67
68 CHEST X-RAY - SINGLE VIEW	12.00	12.00	11.60*	12.00	68
69 CHEST X-RAY - TWO VIEWS	10.00	13.00	10.00	13.00	69
70 X-RAY SPINE			16.00	14.90*	70
71 X-RAY HIP			11.60*	13.30*	71
72 X-RAY UPPER GI TRACT	25.00	27.00	24.90*	27.00	72
73 X-RAY COLON			24.90*	25.00	73
74 RADIATION THERAPY-LOW VOLT	25.00	24.90*	25.00	24.90*	74
75 RADIATION THERAPY-SUPER VOLT					75
76 RADIATION THERAPY-MEGAVOLT			10.20	12.50	76
77 CAT SCAN - HEAD			195.00*	110.90*	77
78 CAT SCAN - ABDOMEN			100.00	100.00	78
79 THREE CHEMISTRY TESTS			10.00	10.00	79
80 NINETEEN CHEMISTRY TESTS			18.00	31.50	98
81 CULTURE - OTHER THAN BLOOD			15.00	3.00	81
82 HEMOGLOBIN			1.80	1.80	82
83 AUTOMATEO BLOOD COUNT			3.15	3.15	83
84 WHITE CELL COUNT			1.75	1.75	84
85 COMPLETE BLOOD COUNT (CBC)			8.00	3.00	85
86 CHOLESTEROL TEST			2.50	2.50	86
87 FLOCCULATION TEST			10.00	6.00	87
88 HEMATOCRIT			1.80	1.80	88
89 PLATELET COUNT (REES-ECKER)			2.50	2.50	89
90 POTASSIUM TEST - BLOOD			3.15	3.15	90
91 PROTHROMBIN TIME TEST			3.00	3.00	91
92 SEOIMENTATION RATE			2.25	2.25	92
93 BLOOD SUGAR			2.70*	1.50	93
94 BUN-UREA - NITROGEN			2.50	2.50	94
95 URIC ACIO			2.70	2.70	95
96 FECES-OCCULT BLOOD-SCREENING			1.80	1.80	96
97 PAP TEST			7.00	7.00	97
			2.70	2.70	98
98 ROUTINE URINALYSIS			2.70	2.70	99
99 CHEMICAL URINALYSIS			30.00	30.00	100
100 PATHOLOGY - THREE SPECIMENS			70.00	70.00	101
101 ELEC MONITORING-PACEMAKER			845.60*	736.20*	102
102 OONOR NEPHRECTOMY-UNILATERAL			2045.80*	2013.10*	103
103 KIONEY TRANSPLANT			2043.80*	2013.10	104
104 HOSPITAL BEO - RENTAL					105
105 WALKER - RENTAL					105
106 WHEELCHAIR - RENTAL					107
107 LIQUID OXYGEN - RENTAL					107
108 HOSPITAL BED - PURCHASE					108
109 WALKER - PURCHASE					110
110 WHEELCHAIR - PURCHASE					110

MICHIGAN



Three Localities:

	1981 PREVAILING CHARGE SUMMARY		B/S OF MICH	IIGAN IR GENERAL PRACTICE	MICH! LOCALITY		ON FOR SPECIALIS	ST
	PROCEOURE DESCRIPTION	1	2	3	1	2	3	
1	INITIAL BRIEF OFFICE VISIT				33.20*	25.00*	24.90*	1
2	INITIAL LIMITEO OFFICE VISIT	21.60*	19.90*	16.00	33.20*	25.00*	24.90*	2
3	INITIAL INTERMEO OFFICE VISIT				33.20*	25.00*	24.90*	3
4	INITIAL COMP OFFICE VISIT	40.00	35.00	16.60*	49.70*	50.00	30.00	4
5	MINIMAL FOLLOWUP OFFICE VISIT	24.90*	16.60*	16.60*	24.90*	19.90*	16.60*	5
6	BRIEF FOLLOWUP OFFICE VISIT				24.90*	19.90*	16.60*	6
7	LIMITEO FOLLOWUP OFFICE VISIT				24.90*	19.90*	16.60*	7
8	INTERMEDIATE F/U OFFICE VISIT				24.90*	19.90*	16.60*	8
9	EXTENDED F/U OFFICE VISIT	24.90*	16.60*	16.60*	24.90*	19.90*	16.60*	9
10	COMP FOLLOWUP OFFICE VISIT	21.60*	19.90*	16.00	33.20*	25.00*	24.90*	10
	BRIEF FOLLOWUP HOME VISIT	24.90*	16.60*	16.60*	24.90*	19.90*	16.60*	11
	LIMITEO FOLLOWUP HOME VISIT				24.90*	19.90*	16.60*	12
	INTERMOIATE F/U HOME VISIT	24.90*	16.60*	16.60*	24.90*	19.90*	16.60*	13
	EXTENDED CARE FACILITY VISIT	2			2			14
	BRIEF F/U NURSING HOME VISIT	6.70*			8.30*			15
	INITIAL BRIEF HOSPITAL VISIT	41.40*	41.40*	41.40*	66.30*	66.30*	58.00+	16
	INIT INTERMEO HOSPITAL VISIT				66.30*	66.30*	58.00*	17
	INITIAL COMP HOSPITAL VISIT	41.40*	41.40*	41.40*	66.30*	66.30*	58.00*	18
	BRIEF FOLLOWUP HOSPITAL VISIT	16.00*	15.20*	13.10*	18.60*	16.10*	15.50*	19
	LIMITED F/U HOSPITAL VISIT	16.00*	15.20*	13.10*	18.60*	16.10*	15.50*	20
		16.00*				16.10*		21
	INTERMED F/U HOSPITAL VISIT	16.00*	15.20*	13.10*	18.60*		15.50*	
	EXTENDED F/U HOSPITAL VISIT				18.60*	16.10*	15.50*	22
	BRIEF EMERGENCY ROOM VISIT				24.90*	24.90*	24.90*	23
	LIMITEO EMERGENCY ROOM VISIT				24.90*	24.90*	24.90*	24
	INTERMEO EMERGENCY ROOM VISIT				24.90*	24.90*	24.90*	25
	LIMITEO CONSULTATION	41.40*	41.40*	33.20*	58.00 •	49.70*	49.70*	26
_	EXTENSIVE CONSULTATION				58.00*	49.70*	49.70*	27
	COMPREHENSIVE CONSULTATION				74.60*	66.30*	66.30*	28
	PSYCHOTHERAPY-ONE HOUR				58.00*	60.00	54.30*	29
30	PSYCHOTHERAPY-HALF HOUR				30.00	33.00	27.50	30
31	CHIROPRACTIC OFFICE VISIT	13.00*	12.00*		13.00*	12.00*	12.00*	31
32	INITIAL PHYSIOTHERAPY							32
33	F/U POOIATRIC OFFICE VISIT				24.90*	19.90*	16.60*	33
34	ELECTROCAROIOGRAM (EKG)	24.90*	24.90*	24.90*	24.90*	24.90*	24.90*	34
35	EKG-INTERPRET AND REPORT ONLY	30.00*	12.50	15.00	16.20	15.00	15.00	35
36	SPIROMETRY				70.00	70.00	70.00	36
37	ELECTROENCEPHALOGRAM (EEG)				58.00*	58.00*	35.00*	37
38	CHEMOTHERAPY				2.00	2.00	2.00	38
39	COLLECTION OF SPECIMENS				3.00	3.00	3.00	39
	OEBRIOEMENT OF NAILS				32.70*	26.00	25.00	40
	SKIN BIOPSY				41.40*	41.40*	33.20*	41
	CHEMOCAUTERY				40.00	33.00	24.90*	42
	RAOICAL MASTECTOMY				828.90*	729.50*	663.10*	43
	OPEN REDUCTION OF FRACTURE				663.10•	663.10*	538.80*	44
	ARTHROCENTESIS-MAJOR JOINT	41.40*	41.40*	33.20*	41.40*	37.30*	33.20*	45
	CORONARY ARTERY BYPASS	41.40	41.40	00.20	41.40*	37.30*	33.20	46
	TOTAL ARTIFICIAL HIP REPLACE				1657.90+	1800.00	1657.90*	47
								48
	NEEOLE PUNCTURE OF BURSA				33.20*	37.30*	25.00*	
	BRONCHOSCOPY				207.20*	174.10+	165.80*	49
	THORACENTESIS				49.70*	41.40*	29.90*	50
	CATHERIZATION OF HEART				580.25*	450.00	580.25*	51
	INSERTION OF PACEMAKER				1000.00	990.00	750.00	52
53	PARTIAL COLECTOMY				787.50*	746.00*	696.30*	53

435.20\*

41.40\*

373.00\*

33.20\*

331.60\*

33.20\*

331.60\*

54

55

331.60\*

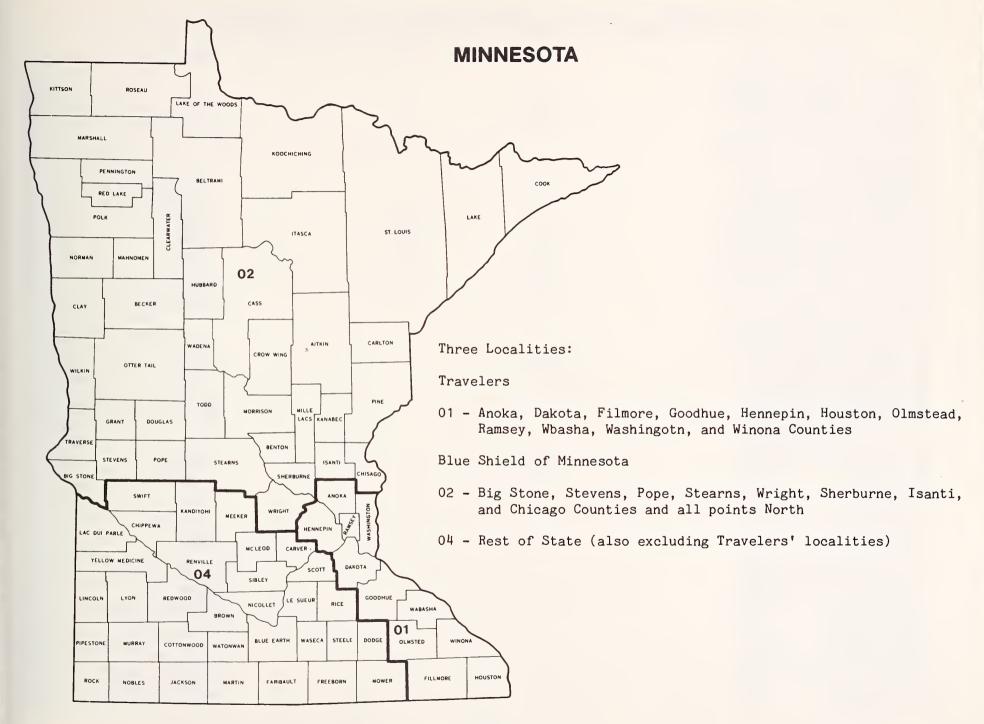
414.50\*

54 APPENDECTOMY

55 SIGMOIOOSCOPY

	1981 PREVAILING CHARGE SUMMARY	·	C-B/S OF MICESIGNATION F	CHIGAN FOR GENERAL P	RACTICE	MICHI LOCALITY		N FOR SPECIALIST	
	PROCEOURE DESCRIPTION	1	2	3		1	2	3	
56	HEMORRHOIOECTOMY					414.50*	358.10*	331.60*	56
57	CHOLECYSTECTOMY					663.10*	592.70*	547.10*	57
	REPAIR HERNIA					414.50*	331.60*	298.40*	58
	DIAGNOSTIC CYSTOURETHROSCOPY	82.90*	99.50*	82.90*		116.10*	75.00	75.00	59
	OILATION OF URETHRA					24.90*	24.90*	24.90*	60
	PROSTATECTOMY - SUPRAPUBIC					828.90*	746.00*	746.00*	61
	ELECTROSECTION-PROSTATE (TUR)	621.70*	621.70*	621.70*		795.80*	746.00*	746.00*	62
	HYSTERECTOMY					862.10*	696.30*	621.70*	63
	INITIAL COMPLETE EYE EXAM					33.20*	25.00*	24.90*	64
	COMPREHENSIVE EYE EXAM					33.20*	25.00*	24.90*	65
	EYE EXAM WITH TONOMETRY					24.90*	19.90*	16.60*	66
	EXTRACTION OF LENS	828.90*	704.60*	663.10*		828.90*	704.60*	663.10*	67
	CHEST X-RAY - SINGLE VIEW	15.00*	15.00*	15.00*		15.00*	15.00*	15.00	68
	CHEST X-RAY - TWO VIEWS	27.40*	29.90*	24.90*		24.90*	24.90*	20.00	69
	X-RAY SPINE					40.00	38.50	33.20*	70
	X-RAY HIP					33.20*	30.00	25.00*	71
	X-RAY UPPER GI TRACT	58.00*	60.00	57.00		58.00*	58.00*	45.00	72
	X-RAY COLON	10.50		45.00.		66.00	55.00	37.50	73
	RADIATION THERAPY-LOW VOLT	19.50*	23.00*	15.30*		19.50*	23.00*	15.30*	74
	RADIATION THERAPY-SUPER VOLT	33.90*	30.00	30.00*		45.90*	30.00	30.00*	75
	RADIATION THERAPY-MEGAVOLT					45.90*	30.00	30.00*	76
	CAT SCAN - HEAD					250.00	297.00	275.00	77
	CAT SCAN - ABOOMEN					<b>7</b> 00		7.00	78
	THREE CHEMISTRY TESTS					7.00	7.00	7.00	79
	NINETEEN CHEMISTRY TESTS					20.00	20.00	20.00	80
	CULTURE - OTHER THAN BLOOD					20.00	18.00	15.00	81
	HEMOGLOBIN					3.00L	3.00L	3.00L	82
	AUTOMATEO BLOOD COUNT					7.00	6.00	5.00	83
	WHITE CELL COUNT					3.00L	3.00L	3.00L	84
	COMPLETE BLOOD COUNT (CBC)					7.00L	7.00L	7.00L	85
	CHOLESTEROL TEST					5.00L	5.00L	5.00L	86
	FLOCCULATION TEST					5.00	5.00	8.50	87
	HEMATOCRIT					3.00L	3.00L	3.00L	88
	PLATELET COUNT (REES-ECKER)					7.00	6.00	8.00	89
	POTASSIUM TEST - BLOOD					6.00	5.00	7.50	90
	PROTHROMBIN TIME TEST					5.00L	5.00L	5.00L	91
	SECIMENTATION RATE					4.00L	4.00L 5.00L	4.00L 5.00L	92 93
	BLOOD SUGAR					5.00L 5.00L	5.00L	5.00L	94
	BUN-UREA - NITROGEN					5.00L	5.00L	5.00L	95
	URIC ACIO					6.00	5.00	6.50	96
	FECES-OCCULT BLOOD-SCREENING					6.50L	6.50L	6.50L	97
	PAP TEST					5.00	5.00	5.00	98
	ROUTINE URINALYSIS					3.00L	3.00L	3.00L	99
	CHEMICAL URINALYSIS					25.00	21.00	21.70	100
	PATHOLOGY - THREE SPECIMENS					35.00	34.90*	20.00	101
	DONOR NEPHRECTOMY-UNILATERAL					828.90*	746.00*	746.00*	102
	KIDNEY TRANSPLANT					020.30			103
	HOSPITAL BEO - RENTAL					62.00	42.00	45.70	104
	WALKER - RENTAL					15.60	7.25	12.40	105
	WHEELCHAIR - RENTAL					29.00	21.00	27.00	106
	LIQUIO OXYGEN - RENTAL						, • •		107
	HOSPITAL BEO - PURCHASE								108
	WALKER - PURCHASE					32.00	30.00	32.00	109
	WHEELCHAIR - PURCHASE					254.00	243.20	254.00	110
							-		

MINNESOTA



PROCEOURE DESCRIPTION	AREA 1	AREA 1	
1 INITIAL BRIEF OFFICE VISIT		13.10*	4
2 INITIAL LIMITEO OFFICE VISIT	16.00*	20.00*	2
3 INITIAL INTERMED OFFICE VISIT	10.00*	33.10*	3
	44 40+		4
4 INITIAL COMP OFFICE VISIT	41.40*	65.00*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	11.60*		5
6 BRIEF FOLLOWUP OFFICE VISIT			6
7 LIMITEO FOLLOWUP OFFICE VISIT			7
8 INTERMEDIATE F/U OFFICE VISIT			8
9 EXTENDED F/U OFFICE VISIT	24.00*		9
10 COMP FOLLOWUP OFFICE VISIT			10
11 BRIEF FOLLOWUP HOME VISIT	19.90*	24.80*	11
12 LIMITEO FOLLOWUP HOME VISIT		29.80*	12
13 INTERMOIATE F/U HOME VISIT	25.00*	40.00*	13
14 EXTENDED CARE FACILITY VISIT		16.70*	14
15 BRIEF F/U NURSING HOME VISIT	11.60*	13.10*	15
16 INITIAL BRIEF HOSPITAL VISIT	20.00*	30.00*	16
17 INIT INTERMED HOSPITAL VISIT		41.40*	17
18 INITIAL COMP HOSPITAL VISIT	41.40*	66.30*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	11.60*	16.70*	19
20 LIMITEO F/U HOSPITAL VISIT			20
21 INTERMED F/U HOSPITAL VISIT			21
22 EXTENDED F/U HOSPITAL VISIT			22
23 BRIEF EMERGENCY ROOM VISIT		16.70*	23
24 LIMITEO EMERGENCY ROOM VISIT		24.80*	24
25 INTERMED EMERGENCY ROOM VISIT	16.70*	33.10+	25
26 LIMITEO CONSULTATION	16.70*	24.80*	26
27 EXTENSIVE CONSULTATION		58.00+	27
28 COMPREHENSIVE CONSULTATION		66.30*	28
29 PSYCHOTHERAPY-ONE HOUR		64.20*	29
30 PSYCHOTHERAPY-HALF HOUR		35.00 •	30
31 CHIROPRACTIC OFFICE VISIT		13.10*	31
32 INITIAL PHYSIOTHERAPY		12.20*	32
33 F/U POOIATRIC OFFICE VISIT			33
34 ELECTROCARDIOGRAM (EKG)	24.00*	23.50*	34
35 EKG-INTERPRET AND REPORT ONLY	8.00*	8.00*	35
36 SPIROMETRY		15.00+	36
37 ELECTROENCEPHALOGRAM (EEG)		66.30*	37
38 CHEMOTHERAPY			38
39 COLLECTION OF SPECIMENS		6.00*	39
40 DEBRIOEMENT OF NAILS		12.00+	40
41 SKIN BIOPSY		37.50+	41
42 CHEMOCAUTERY			42
43 RADICAL MASTECTOMY		646.50*	43
44 OPEN REDUCTION OF FRACTURE		829.00*	44
45 ARTHROCENTESIS-MAJOR JOINT	15.00*	15.00+	45
46 CORONARY ARTERY BYPASS	10.00	2945.60+	46
47 TOTAL ARTIFICIAL HIP REPLACE		1707.25*	47
48 NEEOLE PUNCTURE OF BURSA		24.80*	48
49 BRONCHOSCOPY			49
50 THORACENTESIS		198.90+	50
		41.40*	-
51 CATHERIZATION OF HEART		485.00*	51
52 INSERTION OF PACEMAKER		936.80*	52
53 PARTIAL COLECTOMY	272 00	911.80*	53
54 APPENDECTOMY	373.00*	414.40*	54
55 SIGMOIOOSCOPY		33.10*	55

Se HEWDRHEDIDECTOMY	PROCEOURE DESCRIPTION	AREA 1	AREA 1	
55 CHOLECYSTECTOW   516 REPAIR HENDIA   514 - 40 - 558   595   597   597   598   597   598   597   598   5	56 HEMORRHOIDECTOMY		381.30*	56
59 DIAGNOSTIC CYSTOURETHROSCOPY	57 CHOLECYSTECTOMY		596.90*	
60 DILATION OF URETHRA	58 REPAIR HERNIA		414.40*	58
61 PROSTATECTOMY - SUPRAPUBLIC 62 ELECTROSTATE (TUR) 825.00+ 63 HYSTERECTOMY 746.00+ 63 HYSTERECTOMY 746.00+ 63 HYSTERECTOMY 84 1746.00+ 63 HYSTERECTOMY 85 191.00+ 64 191.00+ 65 EVERY EXAM WITH TOMOMETRY 65 EVERY EXAM WITH TOMOMETRY 66 CHEST X-RAY - SINGLE VIEW 19.90+ 68 CHEST X-RAY - SINGLE VIEW 19.90+ 69 CHEST X-RAY - SINGLE VIEW 19.90+ 69 CHEST X-RAY - TWO VIEWS 24.80+ 24.80	59 DIAGNOSTIC CYSTOURETHROSCOPY	49.70*	49.70*	59
\$2 ELECTROSECTION-PROSTATE (TUR)	60 DILATION OF URETHRA		16.00*	60
63 HNYSTERCTOWN 64 INSTITUL COMPLETE EYE EXAM 65 OMPREHENSIVE EYE EXAM 66 COMPREHENSIVE EYE EXAM 67 COMPREHENSIVE EYE EXAM 68 EYE EXAM WITH ITOMORETRY 68 CHEST X-BAY - SINGLE VIEW 69 CHEST X-BAY - SINGLE VIEW 60 CHEST X-BAY - SINGLE VIEW 61 CHEST X-BAY - SINGLE VIEW 62 CHEST X-BAY - SINGLE VIEW 63 CHEST X-BAY - SINGLE VIEW 64 CHEST X-BAY - SINGLE VIEW 65 CHEST X	61 PROSTATECTOMY - SUPRAPUBIC		795.80*	61
64 INITIAL COMPLETE EYE EXAM   55 COMPREHENSIVE EYE EXAM   56 COMPREHENSIVE EYE EXAM WITH TONOMETRY   16.00	62 ELECTROSECTION-PROSTATE (TUR)	825.00*	746.00*	62
565 COMPREHENSIVE EYE EXAM	63 HYSTERECTOMY		746.00*	63
66 EYE EXAM WITH TONOMETRY	64 INITIAL COMPLETE EYE EXAM		28.00*	64
67 EXTRACTION OF LENS 68 CHEST X-RAY - SINGLE VIEW 9.90* 68 CHEST X-RAY - TWO VIEWS 24.80* 68 CHEST X-RAY - SINGLE VIEW 9.90* 67 X-RAY SPINE 70 X-RAY SPINE 71 X-RAY HIP 71 X-RAY HIP 72 X-RAY SPINE 73 X-RAY SPINE 74 X-RAY SPINE 75 X-RAY SPINE 76 ROLATION THERAPY-LOW VOLT 77 X-RAY HIP 78 ROLATION THERAPY-LOW VOLT 79 X-RAY HIP 79 X-RAY COLDN 79 X-RAY C	65 COMPREHENSIVE EYE EXAM			65
68 CHEST X-RAY - SINGLE VIEW 99 CHEST X-RAY - TWO VIEWS 24.80* 99 CHEST X-RAY - TWO VIEWS 24.80* 170 X-RAY SPINE 141.40* 170 171 X-RAY UPPER GI TRACT 33.10* 171 X-RAY UPPER GI TRACT 33.10* 172 X-RAY UPPER GI TRACT 33.00* 49.70* 173 X-RAY UPPER GI TRACT 35.00* 49.70* 174 ARDIATION HERAPY-LOW VOLT 175 RADIATION HERAPY-WEGAVOLT 176 RADIATION HERAPY-WEGAVOLT 177 CAT SCAN - HEAD 178 CAT SCAN - ABDOMEN 179 THREE CHEMISTRY TESTS 180 NINSTEEN CHEMISTRY TESTS 181 CULTURE - OTHER THAN BLOOD 181 CULTURE - OTHER THAN BLOOD 181 CHEMISTRY TESTS 183 AUTOMATED BLOOD COUNT 183 AUTOMATED BLOOD COUNT 183 AUTOMATED BLOOD COUNT 185 COMPLETE BLOOD COUNT (EBS) 186 CHOLESTEROL TEST 187 FLOCCULATION TEST 188 PLATELET BLOOD COUNT (RES-ECKER) 19 PARTHECE GLOOD SUGAR 19 PROTHEROMEN TITE TEST 19 POOR 189 19 PROTHEROMEN TITE TEST 19 POOR 189 19 PROTHEROMEN TITE TEST 19 POOR 189 19 PROTHEROMEN TITE TEST 19 PROTHER	66 EYE EXAM WITH TONOMETRY		16.00*	66
69 CHEST X-RAY - TWO VIEWS 24.80* 698 70 X-RAY SPINE 41.40* 700 71 X-RAY HIP 33.10* 711 72 X-RAY HIP 33.10* 771 72 X-RAY UPPER GI TRACT 53.00* 49.70* 72 73 X-RAY COLON 49.70* 73 73 RADIATION THERAPY-LOW VOLT 74 75 RADIATION THERAPY-WEGAVOLT 75 76 RADIATION THERAPY-WEGAVOLT 75 77 RADIATION THERAPY-WEGAVOLT 75 78 RADIATION THERAPY-WEGAVOLT 75 78 RADIATION THERAPY-WEGAVOLT 75 79 THORE CHEMISTRY TESTS 92.00* 77 80 NINETEEN CHEMISTRY TESTS 92.00* 81 81 CHEMOGLOBIN 5.00* 81 82 HEMOGLOBIN 5.00* 82 83 AUTOMATED BLOOD COUNT 81 84 WHITE CELL COUNT 85 85 COMPLETE BLOOD COUNT (CBC) 86 86 CHOLESTEROL TEST 9.00* 86 87 FLOCCULATION TEST 8.00 9.00* 86 87 FLOCCULATION TEST 8.00 9.00* 86 88 HEMATOCRIT 89 9.00* 86 89 PLATELET GOUST 1850 9.00* 89 91 PLATELET GOUST 1850 9.00* 99 91 PROTINGORIS 11M TEST 8.00 9.00* 99 91 PROTINGORIS 11M TEST 9.00* 99 91 PROTINGORIS 21M	67 EXTRACTION OF LENS		746.00*	67
70 X-RAY SPINE 71 X-RAY HIP 72 X-RAY UPPER GI TRACT 73 X-RAY UPPER GI TRACT 73 X-RAY UPPER GI TRACT 74 RADIATION THERAPY-LOW VOLT 75 RADIATION THERAPY-SUPER VOLT 75 RADIATION THERAPY-SUPER VOLT 76 RADIATION THERAPY-SUPER VOLT 77 RADIATION THERAPY-SUPER VOLT 77 RADIATION THERAPY-SUPER VOLT 78 CAT SCAN - HEAD 79 THREE CHEMISTRY TESTS 79 THREE CHEMISTRY TESTS 79 THREE CHEMISTRY TESTS 79 THREE CHEMISTRY TESTS 70 TAT SCAN - HEAD 70 THREE CHEMISTRY TESTS 70 TAT SCAN - HEAD 71 THREE CHEMISTRY TESTS 70 TAT SCAN - HEAD 71 THREE CHEMISTRY TESTS 71 THREE CHEMISTRY TESTS 72 THREE CHEMISTRY TESTS 73 THREE CHEMISTRY TESTS 74 THREE CHEMISTRY TESTS 75 TH		19.90*	18.30*	68
71 X-RAY HIP 72 X-RAY UDPER GI TRACT 73 X-RAY COLON 49.70- 72 X-RAY COLON 49.70- 73 X-RAY COLON 49.70- 73 X-RAY COLON 49.70- 73 X-RAY COLON 74 RADIATION THERAPY-LOW VOLT 75 RADIATION THERAPY-WEGAVOLT 76 RADIATION THERAPY-WEGAVOLT 77 CAT SCAN - ABOOMEN 78 CAT SCAN - ABOOMEN 79 THREE CHEMISTRY TESTS 80 NINETEEN CHEMISTRY TESTS 81 CULTURE - OTHER THAN BLOOD 81 COLTURE - OTHER THAN BLOOD 81 CULTURE - OTHER THAN BLOOD 81 COLTURE - OTHER THAN BLOOD 82 REMANDED - SCOOL BLOOD COUNT 83 REMEMATION TEST 83 CHANGES - SCOOL BLOOD COUNT 84 SE COMPLETE BLOOD COUNT 85 CHANGES - SCOOL BLOOD COUNT 86 CHADLESTROL TEST 87 FLOCULATION TEST 88 PLATELET COUNT (REES-ECKER) 89 PLATELET COUNT (REES-ECKER) 99 OPDIASSIUM TEST - BLOOD 91 PROTHEODER IN TIME TEST 91 SEGIEVAN ATTER - SCOOL BLOOD - SCOOL	69 CHEST X-RAY - TWO VIEWS	24.80*	24.80*	69
72 X-RAY UPPER GI TRACT 53.00* 49.70* 72 3 X-RAY UPPER GI TRACT 49.70* 73 73 X-RAY COLON 49.70* 73 74 RADIATION THERAPY-LOW VOLT 75 75 RADIATION THERAPY-SUPER VOLT 75 76 RADIATION THERAPY-SUPER VOLT 75 77 CAT SCAN - HEAD 75 78 CAT SCAN - ABDOMEN 75 79 THERE CHEMISTRY TESTS 78 80 NINETEEN CHEMISTRY TESTS 79 81 CULTURE - OTHER THAN BLOOD 11.00* 81 82 HEMOGLOBIN 5.00* 82 83 AUTOMATE BLOOD COUNT 81 83 AUTOMATE BLOOD COUNT (CBC) 82 84 COMMETTE BLOOD COUNT (CBC) 83 85 CHOLESTERDL TEST 9.00* 85 86 CHOLESTERDL TEST 9.00* 85 87 FLOCCULATION TEST 85 88 PLATELET COUNT (REES-ECKER) 9.00* 86 88 PLATELET COUNT (REES-ECKER) 9.00* 90 91 PROTHROMSIN TIME TEST 15.00* 88 89 PLATELET COUNT (REES-ECKER) 9.00* 90 91 PROTHROMSIN TIME TEST 15.00* 99 92 SEDIMENTATION RATE 5.00* 99 93 BLOOD SUGAR 8.50* 93 94 BUN-NUREA - NITROGEN 9.25* 94 95 URIC ACID 9.30* 95 96 FECES-COCCULT BLOOD-SCREENING 9.30* 95 97 PAP TEST 9.00* 100 98 ROUTINE URINALYSIS 9.00* 100 99 ROTHEN URINALYSIS 9.00* 100 102 COMMENTAL PROTECTION OF THE SET 100 103 KIDNEY TRANSPLANT 100 104 HEBEL CHASE - RENTAL 16.00* 105 106 WHEELCHASE 16.00 100 107 LIQUIO DXYGEN - RENTAL 16.00* 105 108 WHEEL - PURCHASE 16.00 100 109 MALKER - PURCHASE 16.00* 105 100 MALKER - PURCHA	70 X-RAY SPINE		41.40*	70
73 X - RAY COLON 49.70* 4 RADIATION THERAPY-LOW VOLT 75 RADIATION THERAPY-SUPER VOLT 76 RADIATION THERAPY-SUPER VOLT 77 CAT SCAN - HEAD 77 CAT SCAN - HEAD 78 CAT SCAN - HEAD 79 THREE CHEMISTRY TESTS 79 THREE CHEMISTRY TESTS 79 THREE CHEMISTRY TESTS 79 THREE CHEMISTRY TESTS 80 NINETEEN CHEMISTRY TESTS 81 LULTURE - OTHER THAN BLOOD 81 CULTURE - OTHER THAN BLOOD 82 SHAPPEN SHA	71 X-RAY HIP		33.10*	7 1
73 X-RAY COLON 49.70* 4 RADIATION THERAPY-LOW VOLT 75 RADIATION THERAPY-SUPER VOLT 76 RADIATION THERAPY-SUPER VOLT 77 CAT SCAN - HEAD 78 CAT SCAN - HEAD 79 THREE CHEMISTRY TESTS 79 THREE CHEMISTRY TESTS 79 THREE CHEMISTRY TESTS 79 THREE CHEMISTRY TESTS 80 NINETEEN CHEMISTRY TESTS 81 CULTURE - OTHER THAN BLOOD 82 SED SCHOOL COUNT 83 AND SCHOOL COUNT 84 WHITE CELL COUNT 85 COMPLETE BLOOD COUNT 85 COMPLETE BLOOD COUNT 86 CHOLESTROL TEST 9.000 86 CHOLESTROL TEST 9.000 86 ST FLOCCULATION TEST 9.000 87 BH MAIDCRIT 9.000 88 SP PLATELET COUNT (REES-ECKER) 9.000 88 SP PLATELET COUNT (REES-ECKER) 9.000 89 COUNT (REES-ECKER) 9.000 89 COUNT (REES-ECKER) 9.000 90 COUNT (REES-ECKER) 9.000 91 ROOTHEN TIME TEST 92 SEDIMENTATION RATE 93 SEDIMENTATION RATE 94 SEDIMENTATION RATE 95 URIC ACTO 95 URIC ACTO 97 PAP TEST 98 ROUTINE URINALYSIS 99 CHEMICAL URINALYSIS 90 CONDRIBED PARCHAMER 1000 101 ELEC MONITORING-PARCHAMER 101 ONOR NEPHRECTOMY-UNILLIERAL 102 ONOR NEPHRECTOMY-UNILLIERAL 103 KLOMEY TRANSPLAIM 104 HOSPITAL BEO - PURCHASE 105 WALKER - RENTAL 106 WALKER - RENTAL 107 WALKER - RENTAL 108 WALKER - RENTAL 109 WALKER - PURCHASE 109 WALKER - PURCHASE	72 X-RAY UPPER GI TRACT	53.00*	49.70*	72
75 RADIATION THERAPY-SUPER VOLT 75 76 RADIATION THERAPY-MEGAVOLT 76 77 CAT SCAN - HEAO 210.00* 77 78 CAT SCAN - HEAO 27.00* 78 79 THREE CHEMISTRY TESTS 27.00* 79 80 NINETER CHEMISTRY TESTS 27.00* 80 81 CULTURE - OTHER THAN BLOOD 81 82 HEMGGLOBIN 5.00* 82 82 AUTOMATED BLOOD COUNT 83 83 COMPLETE BLOOD COUNT 5.00* 84 85 COMPLETE BLOOD COUNT 5.00* 86 86 CHOLESTEROL TEST 6.00* 86 87 FLOCCULATION TEST 8.00* 86 89 PLATELET COUNT (REES-ECKER) 9.00* 88 99 PLATELET COUNT (REES-ECKER) 9.00* 89 90 POTASSIUM TEST - BLOOD 9.00* 90 91 PROTHROMSIN TIME TEST 9.00* 90 92 SEDIMENTATION RATE 9.00* 90 93 BLOOD SUGAR 8.50* 92 94 BUN-UREA - NITROGEN 9.50* 93 95 UNICE ACIO SUGAR 9.50* 93 96 FECES-OCCULT BLOOD-SCREENING 9.00* 96 97 PAP TEST 1.00* 97 98 ROUTINE URINALYSIS 6.50* 98 99 CHEMICAL URINALYSIS 1.00* 97 99 CHEMICAL URINALYSIS 1.00* 99 90 POTHIOLOGY - THREE SPECIMENS 2.50* 100 101 ELEC MONITORINALYSIS 4.00* 101 102 ODNOR NEPHERCTOMY-UNILATERAL 9.50.00* 102 103 KIONEY TRANSPLANT 1.00* 105 104 HOSPITAL BE 0 - RENTAL 1.00* 105 106 WHEELCHAIR - RENTAL 1.00* 105 107 MAKER - RENTAL 1.00* 107 108 HOSPITAL BE 0 - PURCHASE 1.00* 107 109 WALKER - PURCHASE 1.00* 109			49.70*	73
76 RADIATION THERAPY-MEGAVOLT       210.00*       77         77 CAT SCAN - ABDOMEN       78         79 THREE CHEMISTRY TESTS       27.00*       80         80 NINETEEN CHEMISTRY TESTS       80         81 CULTURE - OTHER THAN BLOOD       11.00*       81         82 HEMOGLOBIN       5.00*       82         83 AUTOMATED BLOOD COUNT       5.00*       84         85 COMPLETE BLOOD COUNT (CBC)       15.40*       85         86 CHOLESTEROL TEST       9.00*       86         87 FLOCCULATION TEST       6.00*       87         88 PLATELET COUNT (REES-ECKER)       9.00*       89         90 POTASSIUM TEST - BLOOD       9.00*       90         91 PROTHROMBIN TIME TEST       7.00*       91         92 SEDIMENTATION RATE       9.00*       90         93 BLOOD SUGAR       8.50*       93         94 BUN-UREA - NITROGEN       9.25*       94         95 URIC ACIO       9.30*       96         96 FECES-OCCULT BLOOD-SCREENING       9.30*       96         97 PAP TEST       12.00*       97         98 CHUTINE URINALYSIS       6.50*       98         99 CHEMICAL URINALYSIS       6.50*       98         99 CHEMICAL URINALYSIS	74 RADIATION THERAPY-LOW VOLT		24.80*	74
77 CAT SCAN - HEAD 210.00* 77 78 CAT SCAN - ABDOMEN 78 79 THREE CHEMISTRY TESTS 22.00* 79 NINTERIEN CHEMISTRY TESTS 21.00* 79 80 NINTERIEN CHEMISTRY TESTS 21.00* 81 CULTURE - OTHER THAN BLOOD 31.00* 81 CULTURE - OTHER THAN BLOOD 31.00* 82 283 AUTOMATED BLOOD COUNT 5.00* 82 83 AUTOMATED BLOOD COUNT 5.00* 83 84 WHITE CELL COUNT 5.00* 85 86 CHOLESTERD TEST 9.00* 86 87 FLOCCULATION TEST 9.00* 87 88 HEMATOCH 1.00* 9.00* 89 90 POTASSIUM TEST - BLOOD 5.00* 89 90 POTASSIUM TEST - BLOOD 5.00* 99 91 PROTHERMBIN TIME TEST 9.00* 91 92 SEDIMENTATION RATE 5.00* 91 93 BLOOD SUGAR 9.20* 92 94 BUN-UREA - NITROGEN 9.20* 93 95 URIC ACIO 9.00* 95 96 FECES-OCCULT BLOOD-SCREENING 9.30* 95 97 PAP TEST 9.00* 97 98 ROUTINE URINALYSIS 6.50* 93 90 CHEMICAL URINALYSIS 6.50* 99 91 CONDRINGER 1.00* 97 98 ROUTINE URINALYSIS 6.50* 99 90 CHEMICAL URINALYSIS 6.50* 99 91 CONDRINGER 1.00* 97 91 PROTHERCAL URINALYSIS 6.50* 99 91 CHEMICAL URINALYSIS 9.00* 90 91 PROTHERCAL URINALYSIS 9.00* 90 91 CHEMICAL URINALYSIS 9.00* 90 92 CHEMICAL URINALYSIS 9.00* 90 93 CHEMICAL URINALYSIS 9.00* 90 94 CHEMICAL URINALYSIS 9.00* 90 95 CHEMICAL URINALYSIS 9.00* 90 96 CHEMICAL URINALYSIS 9.00* 90 97 PAP TEST 90 98 CHEMICAL URINALYSIS 9.00* 90 99 CHEMICAL URINALYSIS 9.00* 90 90 CHEMICAL URINALYSIS 9.00* 9	75 RADIATION THERAPY-SUPER VOLT			75
78 CAT SCAN - ABDOMEN 79 THREE CHEMISTRY TESTS 80 NINETEEN CHEMISTRY TESTS 80 NINETEEN CHEMISTRY TESTS 80 NINETEEN CHEMISTRY TESTS 80 SCAN SCAN SCAN SCAN SCAN SCAN SCAN SCAN	76 RADIATION THERAPY-MEGAVOLT			76
79 THREE CHEMISTRY TESTS 80 NINDERSON CHEMISTRY TESTS 81 CULTURE - OTHER THAN BLOOD 81 THOOG STAND STA	77 CAT SCAN - HEAD		210.00*	77
79 THREE CHEMISTRY TESTS 80 NINBTEEN CHEMISTRY TESTS 81 CULTURE - OTHER THAN BLOOD 81 CULTURE - OTHER THAN BLOOD 82 HEMOGLOBIN 83 HEMOGLOBIN 84 WHITE CELL COUNT 85 COMPLETE BLOOD COUNT 85 COMPLETE BLOOD COUNT 85 COMPLETE BLOOD COUNT 86 CHOLESTEROL TEST 86 CHOLESTEROL TEST 87 FLOCCULATION TEST 88 HEMATOCRIT 89 PLATELET COUNT (REES-ECKER) 89 PO POTASSIUM TEST - BLOOD 90 POTASSIUM TEST - BLOOD 91 PROTHROMBIN TIME TEST 90 OP 39 OP 3	78 CAT SCAN - ABDOMEN			78
81 CULTURE - OTHER THAN BLOOD  22 HAMGGLOBIN  23 AUTOMATED BLOOD COUNT  23 AUTOMATED BLOOD COUNT  25 COMPLETE BLOOD COUNT (CBC)  26 CHOLESTEROL TEST  27 COUCLATION TEST  28 PEMATOCRIT  29 POO*  28 BE HEMATOCRIT  29 POO*  29 POTASSIUM TEST - BLOOD  30 POTASSIUM TEST - BLOOD  30 POTASSIUM TEST - BLOOD  31 PROTHROMBIN TIME TEST  32 SEDIMENTATION RATE  32 SEDIMENTATION RATE  33 BLOOD SUGAR  34 BUN-UREA - NITROGEN  35 BLOOD SUGAR  36 FÉCES-OCCULT BLOOD-SCREENING  37 PAP TEST  38 ROUTINE URINALYSIS  40 PAP TEST  41 COO*  37 PAP TEST  42 COO*  37 PAP TEST  44 COO*  39 PO PATASSIUM LEST SECIMENS  45 COO*  46 FÉCES-CCCULT BLOOD-SCREENING  46 FÉCES-CCCULT BLOOD-SCREENING  47 PAP TEST  48 ROUTINE URINALYSIS  40 PATHOLOGY - THREE SPECIMENS  41 PARSILLATED SPECIMENS  42 PARSILLATED SPECIMENS  43 PARSILLATED SPECIMENS  44 PARSILLATED SPECIMENS  45 PARSILLATED SPECIMENS  46 PARSILLATED SPECIMENS  47 PAP TEST  48 PARSILLATED SPECIMENS  48 PARSILLATED SPECIMENS  49 PAP TEST  40 PATHOLOGY - TREE SPECIMENS  41 PATHOLOGY - TREE SPECIMENS  41 PATHOLOGY - TREE SPECIMENS  42 PATHOLOGY - TREE			27.00*	79
81 CULTURE - OTHER THAN BLOOD  22 HAMGGLOBIN  32 HAMGGLOBIN  33 AUTOMATED BLOOD COUNT  33 AUTOMATED BLOOD COUNT  34 WHITE CELL COUNT  35 COMPLETE BLOOD COUNT (CBC)  36 CHOLESTEROL TEST  37 FLOCCULATION TEST  38 HEMATOCRIT  39 POO*  38 BEMATOCRIT  39 POO*  39 PO POTASSIUM TEST - BLOOD  30 POTASSIUM TEST - BLOOD  30 POTASSIUM TEST - BLOOD  30 POTASSIUM TEST - BLOOD  31 PROTHROMBIN TIME TEST  32 SEDIMENTATION RATE  35 SEDIMENTATION RATE  36 SEDIMENTATION RATE  37 COO*  39 BUN-UREA - NITROGEN  39 BUN-UREA - NITROGEN  39 BUN-UREA - NITROGEN  30 FECES-OCCULT BLOOD-SCREENING  30 FECES-OCCULT BLOOD-SCREENING  30 FOOD SUCAR  30 CHEMICAL URINALYSIS  40 OP ATHOLOGY - THREE SPECIMENS  39 CHEMICAL URINALYSIS  40 OP				80
83 AUTOMATED BLOOD COUNT       83         84 WHITE CELL COUNT       \$5.00*       84         85 COMPLETE BLOOD COUNT (CBC)       15.40*       85         86 CHOLESTEROL TEST       9.00*       86         87 FLOCCULATION TEST       6.00*       87         88 HEMATOCRIT       5.00*       88         89 PLATELET COUNT (REES-ECKER)       9.00*       89         90 POTASSIUM TEST - BLOOD       9.00*       90         91 PROTHROMBIN TIME TEST       7.00*       91         92 SEQUIMENTATION RATE       5.30*       92         93 BLOOD SUGAR       8.50*       93         94 BUN-UREA - NITROGEN       9.25*       94         95 URIC ACIO       9.30*       95         96 FECES-OCCULT BLOOD-SCREENING       9.30*       95         97 PAD TEST       12.00*       97         98 ROUTINE URINALYSIS       6.50*       98         90 CHEMICAL URINALYSIS       6.50*       98         100 PATHOLOGY - THREE SPECIMENS       25.00*       101         101 ELEC MONITORING-PACEMAKER       25.00*       101         102 OUNDR NEPHRECTOMY-UNILATERAL       850.00*       102         103 KIONEY TRANSPLANT       103       104         10			11.00*	
83 AUTOMATED BLOOD COUNT       83         84 WHITE CELL COUNT       5.00*       84         85 COMPLETE BLOOD COUNT (CBC)       15.40*       85         86 CHOLESTEROL TEST       9.00*       86         87 FLOCCULATION TEST       6.00*       87         88 HEMATOCRIT       5.00*       88         89 PLATELET COUNT (REES-ECKER)       9.00*       89         90 POTASSIUM TEST - BLOOD       9.00*       90         91 PROTHROMBIN TIME TEST       7.00*       91         92 SEQIMENTATION RATE       5.30*       92         93 BLOOD SUGAR       8.50*       93         94 BUN-UREA - NITROGEN       9.25*       94         95 URIC ACIO       9.30*       95         96 FECES-OCCULT BLOOD-SCREENING       9.20*       97         96 PAP TEST       12.00*       97         98 ROUTINE URINALYSIS       6.50*       98         99 CHEMICAL URINALYSIS       6.50*       98         90 CHEMICAL URINALYSIS       6.50*       98         100 PATHOLOGY - THREE SPECIMENS       25.00*       101         101 ELEC MONITORING-PACEMAKER       25.00*       101         102 JONDR NEPHRECTOMY-UNILATERAL       850.00*       102         10			5.00*	82
84 WHITE CELL COUNT       5.00*       84         55 COMPLETE BLOOD COUNT (CBC)       15.40*       85         86 CHOLESTEROL TEST       9.00*       86         87 FLOCCULATION TEST       6.00*       87         88 HEMATOCRIT       5.00*       88         89 PLATELET COUNT (REES-ECKER)       9.00*       89         90 POTASSIUM TEST - BLOOD       9.00*       90         91 PROTHROMBIN TIME TEST       7.00*       91         92 SEQIMENTATION RATE       5.30*       92         93 BLOOD SUGAR       8.50*       93         94 BUN-UREA - NITROGEN       8.50*       93         95 URIC ACIO       9.30*       95         96 FECES-OCCULT BLOOD-SCREENING       9.25*       94         97 PAP TEST       12.00*       97         98 ROUTINE URINALYSIS       6.50*       98         90 CHEMICAL URINALYSIS       6.50*       98         90 CHEMICAL URINALYSIS       25.00*       100         101 ELEC MONITORING-PACEMAKER       25.00*       101         102 OONGR NEPHRECTOMY-UNILATERAL       850.00*       107         103 KIONEY TRANSPLANT       54.00L       104         104 HOSPITAL BEO - RENTAL       105       106				83
85 COMPLETE BLOOD COUNT (CBC)   15.40*   85			5.00*	84
86       CHOLESTEROL TEST       9.00*       86         87       FLOCCULATION TEST       6.00*       87         88       HEMATOCRIT       5.00*       88         89       PLATELET COUNT (REES-ECKER)       9.00*       89         90       POTASSIUM TEST - BLOOD       9.00*       90         91       PROTHROMBIN TIME TEST       7.00*       91         92       SEQUIMENTATION RATE       5.30*       92         93       BLOOD SUGAR       8.50*       93         94       BUN-UREA - NITROGEN       9.25*       94         95       URIC ACIO       9.30*       95         96       FECES-OCCULT BLOOD-SCREENING       9.0*       96         97       PAP TEST       12.00*       97         98       ROUTINE URINALYSIS       6.50*       98         99       CHEMICAL URINALYSIS       4.00*       99         100       PATHOLOGY - THREE SPECIMENS       25.00*       10         101       ELC MONITORING-PACEMAKER       26.00*       101         102       20NOR NEPHRECTOMY-UNILATERAL       850.00*       102         103       KIONEY TRANSPLANT       54.00L       104         105 <td></td> <td></td> <td>15.40*</td> <td>85</td>			15.40*	85
87 FLOCCULATION TEST			9.00*	86
88 HEMATOCRIT       5.00*       88         89 PLATELET COUNT (REES-ECKER)       9.00*       89         90 POTASSIUM TEST - BLOOD       9.00*       90         91 PROTHROMBIN TIME TEST       7.00*       91         92 SEDIMENTATION RATE       5.30*       92         93 BLOOD SUGAR       8.50*       93         94 BUN-UREA - NITROGEN       9.25*       94         95 URIC ACIO       9.30*       95         96 FECES-OCCULT BLOOD-SCREENING       3.90*       96         97 PAP TEST       12.00*       97         98 ROUTINE URINALYSIS       6.50*       98         99 CHEMICAL URINALYSIS       4.00*       99         100 PATHOLOGY - THREE SPECIMENS       25.00*       100         101 ELEC MONITORING-PACEMAKER       26.00*       101         102 DONOR NEPHRECTOMY-UNILATERAL       850.00*       102         103 KIONEY TRANSPLANT       103       104         104 HOSPITAL BEO - RENTAL       16.00*       105         105 WALKER - RENTAL       26.00L       106         106 WHEELCHAIR - RENTAL       88.00*       107         108 HOSPITAL BEO - PURCHASE       301.20L       108         109 WALKER - PURCHASE       36.95*       109 <td></td> <td></td> <td>6.00*</td> <td>87</td>			6.00*	87
89 PLATELET COUNT (REES-ECKER)       9.00*       89         90 POTASSIUM TEST - BLOOD       9.00*       90         91 PROTHROMBIN TIME TEST       7.00*       91         92 SEGIMENTATION RATE       5.30*       92         93 BLOOD SUGAR       8.50*       93         94 BUN-UREA - NITROGEN       9.25*       94         95 URIC ACID       9.30*       95         96 FECES-OCCULT BLOOD-SCREENING       3.90*       96         97 PAP TEST       12.00*       97         98 ROUTINE URINALYSIS       6.50*       98         90 CHEMICAL URINALYSIS       4.00*       99         100 PATHOLOGY - THREE SPECIMENS       25.00*       100         101 ELEC MONITORING-PACEMAKER       26.00*       101         102 DONOR NEPHRECTOMY-UNILATERAL       850.00*       102         103 KIONEY TRANSPLANT       103       104         105 WALKER - RENTAL       54.00L       104         105 WALKER - RENTAL       26.00L       105         106 WHEELCHAIR - RENTAL       26.00L       105         108 HOSPITAL BEO - PURCHASE       301.20L       108         109 WALKER - PURCHASE       36.95*       109				88
90 POTASSIUM TEST - BLOOD 91 PROTHROMBIN TIME TEST 7.00* 91 PROTHROMBIN TIME TEST 7.00* 91 PROTHROMBIN TIME TEST 7.00* 92 SEGIMENTATION RATE 93 BLOOD SUGAR 8.50* 93 BLOOD SUGAR 94 BUN-UREA - NITROGEN 95 URIC ACIO 96 FECES-OCCULT BLOOD-SCREENING 97 PAP TEST 98 ROUTINE URINALYSIS 99 CHEMICAL URINALYSIS 99 CHEMICAL URINALYSIS 99 CHEMICAL URINALYSIS 90 CHEMICAL URINALYSIS 9100 PATHOLOGY - THREE SPECIMENS 100 PATHOLOGY - THREE SPECIMENS 101 ELEC MONITORING-PACEMAKER 102 ODNOR NEPHRECTOMY-UNILATERAL 103 KIONEY TRANSPLANT 104 HOSPITAL BEO - RENTAL 105 WALKER - RENTAL 106 WHEELCHAIR - RENTAL 107 LIQUIO DXYGEN - RENTAL 108 HOSPITAL BEO - PURCHASE 109 WALKER - PURCHASE			9.00*	89
91 PROTHROMEIN TIME TEST 92 SEDIMENTATION RATE 93 BLOOD SUGAR 94 BUN-UREA - NITROGEN 95 URIC ACID 96 FECES-OCCULT BLOOD-SCREENING 97 PAP TEST 98 ROUTINE URINALYSIS 99 CHEMICAL URINALYSIS 90 CHEMICAL URINALYSIS 90 CHEMICAL URINALYSIS 91 COONE NEPHRECTOMY-UNILATERAL 102 OONEN REPHRECTOMY-UNILATERAL 103 KIONEY TRANSPLANT 104 HOSPITAL BEO - RENTAL 105 WALKER - RENTAL 106 WHEELCHAIR - RENTAL 107 LIQUIO OXYGEN - RENTAL 108 WALKER - PURCHASE 109 WALKER - PURCHASE			9.00*	90
92 SEOIMENTATION RATE 93 BLOOD SUGAR 94 BUN-UREA - NITROGEN 95 URIC ACIO 95 URIC ACIO 96 FECES-OCCULT BLOOO-SCREENING 97 PAP TEST 98 ROUTINE URINALYSIS 99 CHEMICAL URINALYSIS 90 CHEMICAL URINALYSIS 91 CHEMICAL URINALYSIS 90 CHEMICAL URINALYSIS 91 CHEMICAL URINALYSIS 91 CHEMICAL URINALYSIS 92 CHEMICAL URINALYSIS 93 CHEMICAL URINALYSIS 94 CHEMICAL URINALYSIS 95 CHEMICAL URINALYSIS 96 CHEMICAL URINALYSIS 97 CHEMICAL URINALYSIS 98 CHEMICAL URINALYSIS 99 CHEMICAL URINALYSIS 90 CHEMICAL URINALYSIS 99 CHEMICAL URINALYSIS 90 CHEMI			7.00*	91
93 BLOOD SUGAR 94 BUN-UREA - NITROGEN 95 URIC ACIO 96 FECES-OCCULT BLOOD-SCREENING 97 PAP TEST 98 ROUTINE URINALYSIS 99 CHEMICAL URINALYSIS 90 CHEMICAL URINALYSIS 91 (A.OO* 99 100 PATHOLOGY - THREE SPECIMENS 101 ELEC MONITORING-PACEMAKER 102 OONOR NEPHRECTOMY-UNILATERAL 103 KIONEY TRANSPLANT 104 HOSPITAL BED - RENTAL 105 WALKER - RENTAL 106 WHEELCHAIR - RENTAL 107 WHEELCHAIR - RENTAL 108 WHEELCHAIR - RENTAL 109 WALKER - PURCHASE			5.30*	92
94 BUN-UREA - NITROGEN 95 URIC ACIO 9.30* 95 URIC ACIO 96 FECES-OCCULT BLOOD-SCREENING 97 PAP TEST 98 ROUTINE URINALYSIS 99 CHEMICAL URINALYSIS 100 PATHOLOGY - THREE SPECIMENS 101 ELEC MONITORING-PACEMAKER 102 DONOR NEPHRECTOMY-UNILATERAL 103 KIONEY TRANSPLANT 104 HOSPITAL BED - RENTAL 105 WALKER - RENTAL 106 WHEELCHAIR - RENTAL 107 LIQUID OXYGEN - RENTAL 108 HOSPITAL BED - PURCHASE 109 WALKER - PURCHASE			8.50*	93
96 FECES-OCCULT BLODO-SCREENING 97 PAP TEST 98 ROUTINE URINALYSIS 99 CHEMICAL URINALYSIS 90 CHEMICAL URINALYSIS 100 PATHOLOGY - THREE SPECIMENS 101 ELEC MONITORING-PACEMAKER 102 DONOR NEPHRECTOMY-UNILATERAL 103 KIONEY TRANSPLANT 104 HOSPITAL BEO - RENTAL 105 WALKER - RENTAL 106 WHEELCHAIR - RENTAL 107 LIQUIO OXYGEN - RENTAL 108 HOSPITAL BEO - PURCHASE 109 WALKER - PURCHASE			9.25*	94
97 PAP TEST 98 ROUTINE URINALYSIS 99 CHEMICAL URINALYSIS 99 CHEMICAL URINALYSIS 100 PATHOLOGY - THREE SPECIMENS 101 ELEC MONITORING-PACEMAKER 102 ODNOR NEPHRECTOMY-UNILATERAL 103 KIONEY TRANSPLANT 104 HOSPITAL BEO - RENTAL 105 WALKER - RENTAL 106 WHEELCHAIR - RENTAL 107 UNICHOR SPECIAL SECONDE 108 WALKER - RENTAL 109 WALKER - PURCHASE 100 WALKER - PURCHASE	95 URIC ACIO		9.30*	95
97 PAP TEST 98 ROUTINE URINALYSIS 99 CHEMICAL URINALYSIS 99 CHEMICAL URINALYSIS 100 PATHOLOGY - THREE SPECIMENS 101 ELEC MONITORING-PACEMAKER 102 OONOR NEPHRECTOMY-UNILATERAL 103 KIONEY TRANSPLANT 104 HOSPITAL BEO - RENTAL 105 WALKER - RENTAL 106 WHEELCHAIR - RENTAL 107 LIQUIO DXYGEN - RENTAL 108 HOSPITAL BEO - PURCHASE 109 WALKER - PURCHASE 109 WALKER - PURCHASE 109 WALKER - PURCHASE 109 WALKER - PURCHASE 110 C. 500 C	96 FECES-OCCULT BLOOD-SCREENING		3.90*	96
99 CHEMICAL URINALYSIS 100 PATHOLOGY - THREE SPECIMENS 101 ELEC MONITORING-PACEMAKER 102 OONOR NEPHRECTOMY-UNILATERAL 103 KIONEY TRANSPLANT 104 HOSPITAL BEO - RENTAL 105 WHEELCHAIR - RENTAL 106 WHEELCHAIR - RENTAL 107 LIQUIO OXYGEN - RENTAL 108 HOSPITAL BEO - PURCHASE 109 WALKER - PURCHASE 109 WALKER - PURCHASE 109 WALKER - PURCHASE 109 WALKER - PURCHASE 100 **  4.00* 99 4.00* 100 100 100 101 101 102 100 100 100 100			12.00*	97
100 PATHOLOGY - THREE SPECIMENS 101 ELEC MONITORING-PACEMAKER 102 OONOR NEPHRECTOMY-UNILATERAL 103 KIONEY TRANSPLANT 104 HOSPITAL BEO - RENTAL 105 WALKER - RENTAL 106 WHEELCHAIR - RENTAL 107 LIQUIO OXYGEN - RENTAL 108 HOSPITAL BEO - PURCHASE 109 WALKER - PURCHASE 100 WALKER - PURCHASE	98 ROUTINE URINALYSIS		6.50*	98
101 ELEC MONITORING-PACEMAKER 102 DONOR NEPHRECTOMY-UNILATERAL 103 KIONEY TRANSPLANT 104 HOSPITAL BEO - RENTAL 105 WALKER - RENTAL 106 WHEELCHAIR - RENTAL 107 LIQUIO OXYGEN - RENTAL 108 HOSPITAL BEO - PURCHASE 109 WALKER - PURCHASE 109 WALKER - PURCHASE 101 OT LIQUIO OXYGEN - RENTAL 109 WALKER - PURCHASE 109 WALKER - PURCHASE 101 OT LIQUIO OXYGEN - RENTAL 109 WALKER - PURCHASE 109 WALKER - PURCHASE 109 WALKER - PURCHASE	99 CHEMICAL URINALYSIS		4.00*	99
102 ODNOR NEPHRECTOMY-UNILATERAL 103 KIONEY TRANSPLANT 104 HOSPITAL BEO - RENTAL 105 WALKER - RENTAL 106 WHEELCHAIR - RENTAL 107 LIQUIO OXYGEN - RENTAL 108 HOSPITAL BEO - PURCHASE 109 WALKER - PURCHASE 109 WALKER - PURCHASE 109 WALKER - PURCHASE 100 ONOR NEPHRECTOMY-UNILATERAL 103 104 105 106 107 108 109 109 109 109 109 109 109 109 109 109	100 PATHOLOGY - THREE SPECIMENS		25.00*	100
103 KIONEY TRANSPLANT 104 HOSPITAL BEO - RENTAL 105 WALKER - RENTAL 106 WHEELCHAIR - RENTAL 107 LIQUIO OXYGEN - RENTAL 108 HOSPITAL BEO - PURCHASE 109 WALKER - PURCHASE 109 WALKER - PURCHASE 109 WALKER - PURCHASE 109 WALKER - PURCHASE	101 ELEC MONITORING-PACEMAKER		26.00*	101
104 HOSPITAL BEO - RENTAL       54.00L       104         105 WALKER - RENTAL       16.00*       105         106 WHEELCHAIR - RENTAL       26.00L       106         107 LIQUID OXYGEN - RENTAL       88.00*       107         108 HOSPITAL BEO - PURCHASE       301.20L       108         109 WALKER - PURCHASE       36.95*       109	102 OONOR NEPHRECTOMY-UNILATERAL		850.00*	102
105 WALKER - RENTAL       16.00*       105         106 WHEELCHAIR - RENTAL       26.00L       106         107 LIQUID DXYGEN - RENTAL       88.00*       107         108 HOSPITAL BED - PURCHASE       301.20L       108         109 WALKER - PURCHASE       36.95*       109	103 KIONEY TRANSPLANT			
106 WHEELCHAIR - RENTAL       26.00L       106         107 LIQUID DXYGEN - RENTAL       88.00*       107         108 HOSPITAL BED - PURCHASE       301.20L       108         109 WALKER - PURCHASE       36.95*       109	104 HOSPITAL BEO - RENTAL			
107 LIQUIO OXYGEN - RENTAL       88.00*       107         108 HOSPITAL BEO - PURCHASE       301.20L       108         109 WALKER - PURCHASE       36.95*       109	105 WALKER - RENTAL			
108 HOSPITAL BEO - PURCHASE  109 WALKER - PURCHASE  301.20L  108  109  109	106 WHEELCHAIR - RENTAL			
109 WALKER - PURCHASE 109	107 LIQUIO OXYGEN - RENTAL			
TO OFFI	108 HOSPITAL BEO - PURCHASE			
110 WHEELCHAIR - PURCHASE 179.95L 110	109 WALKER - PURCHASE			
	110 WHEELCHAIR - PURCHASE		179.95L	110

1981	PREVAILING	CHARGE	SUMMARY	OATA	Е	C-B/S	OF	MINNES	SOTA	
				LOCALI	TV	DESTON	TI	ON FOR	GENERAL	PRACTICE

MINNESOTA LOCALITY DESIGNATION FOR SPECIALIST

	LUCALITY DESIGNATIO	N FUR GENERAL PRACTICE	LUCALITY DESIGN	NATION FOR SPECIALIS	1
PROCEOURE DESCRIPTION	02	04	02	04	
1 INITIAL BRIEF OFFICE VISIT					1
2 INITIAL LIMITEO OFFICE VISIT					2
3 INITIAL INTERMED OFFICE VISIT					3
4 INITIAL COMP OFFICE VISIT	35.00	30.00	40.00	37.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT	9.00	6.00	8.00	6.70	5
6 BRIEF FOLLOWUP OFFICE VISIT					6
7 LIMITEO FOLLOWUP OFFICE VISIT					7
8 INTERMEDIATE F/U OFFICE VISIT	10.60*	11.80*	11.60*	12.00*	8
9 EXTENDED F/U OFFICE VISIT	19.30*	21.70*	24.90*	25.00	9
10 COMP FOLLOWUP OFFICE VISIT					10
11 BRIEF FOLLOWUP HOME VISIT	20.00	15.00	24.90*	20.00	11
12 LIMITEO FOLLOWUP HOME VISIT					12
13 INTERMOIATE F/U HOME VISIT	20.00	15.00	22.00	25.00	13
14 EXTENDED CARE FACILITY VISIT			10.00*	10.00	14
15 BRIEF F/U NURSING HOME VISIT					15
16 INITIAL BRIEF HOSPITAL VISIT	24.90*	33.20*	30.00	30.00	16
17 INIT INTERMED HOSPITAL VISIT			41.50*	41.50*	17
18 INITIAL COMP HOSPITAL VISIT	49.70*	43.00	46.50*	41.50*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	8.30*	10.00	11.60*	10.00	19
20 LIMITEO F/U HOSPITAL VISIT	17.90*	20.20*	23.60*	19.90*	20
21 INTERMEO F/U HOSPITAL VISIT					21
22 EXTENDED F/U HOSPITAL VISIT			48.00	10.00.	22
23 BRIEF EMERGENCY ROOM VISIT			18.00	19.90*	23
24 LIMITEO EMERGENCY ROOM VISIT					24
25 INTERMEO EMERGENCY ROOM VISIT 26 LIMITEO CONSULTATION	41.50*	30.00	30.00	24.90 •	25 26
27 EXTENSIVE CONSULTATION	41.50*	30.00	35.00	49.00*	27
28 COMPREHENSIVE CONSULTATION			48.00	48.00	28
29 PSYCHOTHERAPY-ONE HOUR			15.30+	14.70*	29
30 PSYCHOTHERAPY-HALF HOUR			17.25	26.00	30
31 CHIROPRACTIC OFFICE VISIT			12.00	12.00	31
32 INITIAL PHYSIOTHERAPY			10.50*	10.00*	32
33 F/U PODIATRIC OFFICE VISIT			10.00+	10.00	33
34 ELECTROCAROIOGRAM (EKG)	25.00	22.00	24.00	18.00	34
35 EKG-INTERPRET AND REPORT ONLY	12.00	12.50	13.00	10.00	35
36 SPIROMETRY				10.00	36
37 ELECTROENCEPHALOGRAM (EEG)			56.70	60.00	37
38 CHEMOTHERAPY					38
39 COLLECTION OF SPECIMENS			3.00	4.00	39
40 DEBRIDEMENT OF NAILS			14.00*	14.00+	40
41 SKIN BIOPSY			33.20+	31.70*	41
42 CHEMOCAUTERY			32.00	15.00	42
43 RADICAL MASTECTOMY			635.80*	635.80*	43
44 OPEN REDUCTION OF FRACTURE			704.70*	704.70*	44
45 ARTHROCENTESIS-MAJOR JOINT	25.00	22.20*	29.80*	22.00	45
46 CORONARY ARTERY BYPASS					46
47 TOTAL ARTIFICIAL HIP REPLACE			1565.20+	1485.60*	47
48 NEEOLE PUNCTURE OF BURSA			16.60*	23.20*	48
49 BRONCHOSCOPY			165.80*	165.80*	49
50 THORACENTESIS			E04 00	41.50*	50 51
51 CATHERIZATION OF HEART 52 INSERTION OF PACEMAKER			504.00		51 52
53 PARTIAL COLECTOMY			795.80+	663.20*	52 53
54 APPENOECTOMY	380.00	380.00	380.00	380.00	54
55 SIGMOIOOSCOPY	330.00	555.00	29.80*	24.90*	55
			23.00*	24.50	33

PROCEDURE DESCRIPTION	02	04	02	04	
56 HEMORRHOIOECTOMY			313.40*	298.40*	56
57 CHOLECYSTECTOMY			596.90*	560.00	57
58 REPAIR HERNIA			373.10*	333.00	58
59 DIAGNOSTIC CYSTOURETHROSCOPY			49.70*	49.00	59
60 DILATION OF URETHRA			20.00	16.00	60
61 PROSTATECTOMY - SUPRAPUBIC			795.80*	792.00	61
62 ELECTROSECTION-PROSTATE (TUR)	840.00		835.60*	795.80*	62
63 HYSTERECTOMY	0.00		696.40*	696.40*	63
64 INITIAL COMPLETE EYE EXAM			27.20	25.00	64
65 COMPREHENSIVE EYE EXAM			27.20	20.00	65
66 EYE EXAM WITH TONOMETRY					66
67 EXTRACTION OF LENS			663.20*	663.20*	67
68 CHEST X-RAY - SINGLE VIEW	18.00	18.00	16.00	15.00	68
69 CHEST X-RAY - TWO VIEWS	26.00	24.90*	24.00	15.00	69
70 X-RAY SPINE	20.00	24.50	29.80*	29.80*	70
71 X-RAY HIP			33.20*	30.00	71
72 X-RAY UPPER GI TRACT		58.00*	53.20	58.00*	72
73 X-RAY COLON		30.00	49.70*	49.70*	73
74 RADIATION THERAPY-LOW VOLT			15.00	15.00	74
75 RADIATION THERAPY-SUPER VOLT			18.00	13.00	75 75
76 RADIATION THERAPY-MEGAVOLT			18.00		75 76
			313.60		77
77 CAT SCAN - HEAD			17.50	17.50	78
78 CAT SCAN - ABOOMEN			16.00	16.00	79
79 THREE CHEMISTRY TESTS			21.50	21.50	80
80 NINETEEN CHEMISTRY TESTS			10.00	10.00	81
81 CULTURE - OTHER THAN BLOOD			4.00L		
82 HEMOGLOBIN			4.00L 6.50	4.00L	82 83
83 AUTOMATEO BLOOD COUNT			4.00L	6.50 4.00L	84
84 WHITE CELL COUNT					
85 COMPLETE BLOOD COUNT (CBC)			12.00L	12.00L	85
86 CHOLESTEROL TEST			6.50L	6.50L	86 87
87 FLOCCULATION TEST			8.00	8.00	
88 HEMATOCRIT			7 00	4.00	88
89 PLATELET COUNT (REES-ECKER)			7.00	7.00	89 90
90 POTASSIUM TEST - BLOOD			9.00	9.00	90
91 PROTHROMBIN TIME TEST			6.00L	6.00L	
92 SEDIMENTATION RATE			4.50L	4.50L	92
93 BLOOD SUGAR			7.00L	7.00L	93
94 BUN-UREA - NITROGEN			7.00L	7.00L	94
95 URIC ACIO			7.00L	7.00L	95 96
96 FECES-OCCULT BLOOD-SCREENING			4.00	4.00	96
97 PAP TEST			8.50L	8.50L	
98 ROUTINE URINALYSIS			4.50L	4.50L	98
99 CHEMICAL URINALYSIS			3.75	3.75	99
100 PATHOLOGY - THREE SPECIMENS			26.80	26.80	100
101 ELEC MONITORING-PACEMAKER			12.00	14.30	101
102 OONOR NEPHRECTOMY - UNILATERAL					102
103 KIONEY TRANSPLANT			45.00	45.00	103
104 HOSPITAL BED - RENTAL	,		45.00	45.00	104
105 WALKER - RENTAL			10.00	10.00	105
106 WHEELCHAIR - RENTAL			15.00	15.00	106
107 LIQUID OXYGEN - RENTAL			*** **	444 00:	107
108 HOSPITAL BED - PURCHASE			414.90	414.90	108
109 WALKER - PURCHASE			50.00	50.00	109
110 WHEELCHAIR - PURCHASE			203.50L	203.50	1 10

MISSISSIPPI



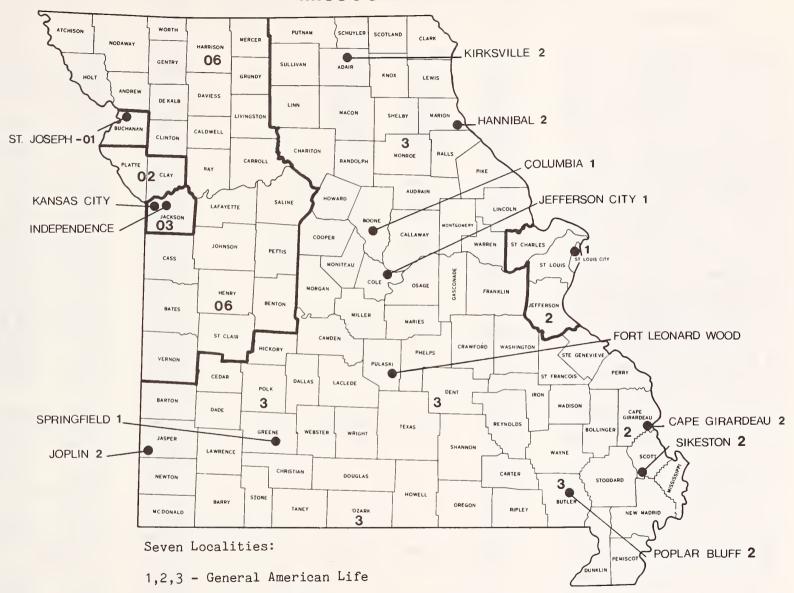
01 - Rural

1981 PREVAILING CHARGE SUMMARY		RS INSURANCE COMPANY N FOR GENERAL PRACTICE	MISSISSIPPI LOCALITY DESIGN	ATION FOR SPECIALIST	
PROCEOURE DESCRIPTION	AREA 1	AREA 2	AREA 1	AREA 2	
1 INITIAL BRIEF OFFICE VISIT		•	6.00*	11.80*	
2 INITIAL LIMITED OFFICE VISIT	13.10*	16.70*	15.00*	16.70*	
3 INITIAL INTERMED OFFICE VISIT					
4 INITIAL COMP OFFICE VISIT	16.70*	25.00*	33.10*	49.70*	
5 MINIMAL FOLLOWUP OFFICE VISIT	8.20*	9.90*	11.60*	13.10*	
6 BRIEF FOLLOWUP OFFICE VISIT					
7 LIMITED FOLLOWUP OFFICE VISIT					
8 INTERMEDIATE F/U OFFICE VISIT					
9 EXTENDED F/U OFFICE VISIT					
O COMP FOLLOWUP OFFICE VISIT	45.00	40.70	46.70	40.00	
1 BRIEF FOLLOWUP HOME VISIT	15.00*	16.70*	16.70*	19.90*	
2 LIMITEO FOLLOWUP HOME VISIT	04.00.	25.00	45.00	05.00	
3 INTERMOIATE F/U HOME VISIT	21.60*	25.00*	15.00*	25.00*	
4 EXTENDED CARE FACILITY VISIT	0.00.	0.00:	11.60*	13.10*	
5 BRIEF F/U NURSING HOME VISIT	8.20*	9.90*	11.60+	13.10*	
6 INITIAL BRIEF HOSPITAL VISIT	24.80*	33.10*	35.00+	41.40*	
7 INIT INTERMED HOSPITAL VISIT					
8 INITIAL COMP HOSPITAL VISIT 9 BRIEF FOLLOWUP HOSPITAL VISIT	8.20*	9.00*	8.20*	12.40*	
O LIMITEO F/U HOSPITAL VISIT	8.20*	9.00*	8.20+	12.40+	
1 INTERMED F/U HOSPITAL VISIT	16.70*	15.00*	15.00*	16.70*	
2 EXTENOED F/U HOSPITAL VISIT	10.70-	15.00*	13.00*	10.70*	
3 BRIEF EMERGENCY ROOM VISIT			14.20*	19.90*	
4 LIMITED EMERGENCY ROOM VISIT			14.20	19.50*	
5 INTERMED EMERGENCY ROOM VISIT			15.00*	24.80*	
5 LIMITED CONSULTATION	25.00*	25.00*	29.80*	41.40*	
7 EXTENSIVE CONSULTATION	20.00	20.00	40.00*	49.70*	
B COMPREHENSIVE CONSULTATION			50.00*	58.00*	
9 PSYCHOTHERAPY-ONE HOUR			30.00*	41.40+	
O PSYCHOTHERAPY-HALF HOUR			30.00*	30.00*	
1 CHIROPRACTIC OFFICE VISIT			8.40*	10.00+	
2 INITIAL PHYSIOTHERAPY					
3 F/U POOIATRIC OFFICE VISIT					
4 ELECTROCAROIOGRAM (EKG)	24.80*	24.80*	24.80*	24.80*	
5 EKG-INTERPRET AND REPORT ONLY	6.00+	6.00*	7.00*	7.50*	
SPIROMETRY			25.00*	25.00*	
7 ELECTROENCEPHALOGRAM (EEG)			40.00*	58.00+	
B CHEMOTHERAPY					
9 COLLECTION OF SPECIMENS			3.00*	3.00+	
O DEBRIDEMENT OF NAILS			15.00+	14.00+	
1 SKIN BIOPSY			24.80*	24.80*	
2 CHEMOCAUTERY					
3 RADICAL MASTECTOMY			603.50*	746.90*	
4 OPEN REOUCTION OF FRACTURE			854.80*	715.10+	
ARTHROCENTESIS-MAJOR JOINT	20.00*		15.60+	17.20*	
6 CORONARY ARTERY BYPASS				2600.00+	
7 TOTAL ARTIFICIAL HIP REPLACE			1800.00*	1723.30+	
8 NEEDLE PUNCTURE OF BURSA					
9 BRONCHOSCOPY			149.10+	149.10*	
O THORACENTESIS			25.00+	32.90+	
1 CATHERIZATION OF HEART				474.80+	
2 INSERTION OF PACEMAKER			829.00*	829.00*	
3 PARTIAL COLECTOMY			724.20+	689.50*	
4 APPENDECTOMY	402.00*		386.30*	430.90*	
5 SIGMOIOOSCOPY			24.80*	35.00*	

PROCEOURE DESCRIPTION	AREA 1	AREA 2	AREA 1	AREA 2	
56 HEMORRHOIOECTOMY			225.00*	258.60*	56
57 CHOLECYSTECTOMY			580.20*	600.00*	57
58 REPAIR HERNIA			331.60*	400.00*	58
59 OIAGNOSTIC CYSTOURETHROSCOPY	41.40*		41.40*	41.40*	59
60 DILATION OF URETHRA			16.70*	13.00*	60
61 PROSTATECTOMY - SUPRAPUBIC			663.20*	663.20*	61
62 ELECTROSECTION-PROSTATE (TUR)			663.20*	663.20*	62
63 HYSTERECTOMY			746.00*	746.00*	63
64 INITIAL COMPLETE EYE EXAM			20.00*	20.00*	64
65 COMPREHENSIVE EYE EXAM					65
66 EYE EXAM WITH TONOMETRY			13.60*	6.40*	66
67 EXTRACTION OF LENS			663.20*	663.20*	67
68 CHEST X-RAY - SINGLE VIEW	16.70*	12.00*	16.70*	16.70*	68
69 CHEST X-RAY - TWO VIEWS	24.80*	25.00*	24.00*	24.80*	69
70 X-RAY SPINE			41.40*	40.00*	70
71 X-RAY HIP			22.70*	22.70*	71
72 X-RAY UPPER GI TRACT	55.00*	55.00*	49.70*	49.70*	72
73 X-RAY COLON			49.70*	49.70*	73
74 RADIATION THERAPY-LOW VOLT			35.00*	32.90*	74
75 RADIATION THERAPY-SUPER VOLT					75
76 RADIATION THERAPY-MEGAVOLT			054.00		76
77 CAT SCAN - HEAD			254.00*	217.70*	77
78 CAT SCAN - ABOOMEN			260.00*P	221.30*P	78
79 THREE CHEMISTRY TESTS					79
80 NINETEEN CHEMISTRY TESTS			47 OO+D	46 90+D	80
81 CULTURE - OTHER THAN BLOOD			17.00*P 3.00LP	16.80*P 3.00LP	8 1 8 2
82 HEMOGLOBIN			3.00LP	3.00LP	83
83 AUTOMATEO BLOOO COUNT 84 WHITE CELL COUNT			5.00*P	5.00*P	84
			11.00*P	12.00*P	85
85 COMPLETE BLOOO COUNT (CBC) 86 CHOLESTEROL TEST			10.00*P	9.00*P	86
87 FLOCCULATION TEST			5.00*P	8.00*P	87
88 HEMATOCRIT			5.00*P	5.00*P	88
89 PLATELET COUNT (REES-ECKER)			7.00*P	8.00*P	89
90 POTASSIUM TEST - BLOOD			9.00*P	10.00*P	90
91 PROTHROMBIN TIME TEST			8.00*P	7.00*P	91
92 SEDIMENTATION RATE			6.00*P	7.00*P	92
93 BLOOD SUGAR			8.00*P	7.00*P	93
94 BUN-UREA - NITROGEN			8.00*P	9.00*P	94
95 URIC ACIO			10.00*P	8.00*P	95
96 FECES-OCCULT BLOOD-SCREENING			4.00*P	4.90*P	96
97 PAP TEST			10.00*P	8.00*P	97
98 ROUTINE URINALYSIS			5.00*P	5.00*P	98
99 CHEMICAL URINALYSIS			5.00*P	5.00*P	99
100 PATHOLOGY - THREE SPECIMENS			22.00*P	20.00*P	100
101 ELEC MONITORING-PACEMAKER			30.00*P	30.00*P	101
102 OONOR NEPHRECTOMY-UNILATERAL			884.00*P	689.50*P	102
103 KIONEY TRANSPLANT					103
104 HOSPITAL BEO - RENTAL			31.50LP		104
105 WALKER - RENTAL			10.92*P		105
106 WHEELCHAIR - RENTAL			20.00LP		106
107 LIQUIO OXYGEN - RENTAL			84.00*P		107
108 HOSPITAL BEO - PURCHASE					108
109 WALKER - PURCHASE			34.13*P		109
110 WHEELCHAIR - PURCHASE			224.70LP		110

MISSOURI

### **MISSOURI**



01, 02, 03, 06 - Blue Shield of Kansas City - Missouri

(For more locality information see Appendix A)

1981 PREVAILING CHARGE SUMMARY			AN LIFE INSURANCE OR GENERAL PRACTICE	MISSOU LOCALITY		N FOR SPECIALIST	
PROCEOURE DESCRIPTION	AREA 1	AREA 2	AREA 3	AREA 1	AREA 2	AREA 3	
1 INITIAL BRIEF OFFICE VISIT				34.50*	20.00	21.10*	1
2 INITIAL LIMITEO OFFICE VISIT	18.00	12.00	17.00	50.00	32.00	25.00	2
3 INITIAL INTERMED OFFICE VISIT				50.00	32.00	25.00	3
4 INITIAL COMP OFFICE VISIT	10.00*	16.50	15.00	65.00	50.00	44.40*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	4.40*	4.00	3.00	5.30*	4.90*	2.00	5
6 BRIEF FOLLOWUP OFFICE VISIT	11.60*	10.70*	8.20*	14.90*	13.10*	11.20*	6
7 LIMITEO FOLLOWUP OFFICE VISIT	12.80*	12.00*	11.20*	15.70*	15.00	11.40*	7
8 INTERMEDIATE F/U OFFICE VISIT	15.00	15.00	12.00	18.00	14.00	12.00	8
9 EXTENDED F/U OFFICE VISIT	20.00	15.00	14.00	30.00*	20.00	15.00	9
10 COMP FOLLOWUP OFFICE VISIT	30.00	30.00	15.00	50.00	35.00	12.00	10
11 BRIEF FOLLOWUP HOME VISIT		16.70*		16.30*	15.00		
12 LIMITEO FOLLOWUP HOME VISIT	20.00	16.70*	15.00	10.30*	15.00	15.00	11
	20.00	46.70+	45.00	46 20+	45.00	45.00	12
13 INTERMOTATE F/U HOME VISIT	20.00	16.70*	15.00	16.30*	15.00	15.00	13
14 EXTENDED CARE FACILITY VISIT		40.70		10.00*	10.00	10.30*	14
15 BRIEF F/U NURSING HOME VISIT	11.60	10.70	8.20	14.90*	13.10	11.20*	15
16 INITIAL BRIEF HOSPITAL VISIT	34.10*	35.60*	35.70*	43.50*	47.70*	40.00	16
17 INIT INTERMED HOSPITAL VISIT				60.00	54.60*	45.60*	17
18 INITIAL COMP HOSPITAL VISIT	36.50*	45.00	43.20*	75.00	49.40*	40.00	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	15.00	13.10+	10.60*	16.40*	13.10*	12.40*	19
20 LIMITEO F/U HOSPITAL VISIT	17.50	15.00	15.00	20.00	20.00	15.00	20
21 INTERMED F/U HOSPITAL VISIT	17.50	15.00	15.00	20.00	20.00	15.00	21
22 EXTENOEO F/U HOSPITAL VISIT				20.00	20.00	15.00	22
23 BRIEF EMERGENCY ROOM VISIT				21.00	16.70*	19.80*	23
24 LIMITEO EMERGENCY ROOM VISIT				21.00	16.70*	19.80*	24
25 INTERMED EMERGENCY ROOM VISIT				21.00	16.70*	19.80*	25
26 LIMITEO CONSULTATION '	25.00*	22.40*	30.80*	50.00	43.30*	36.90*	26
27 EXTENSIVE CONSULTATION				75.00	49.40+	53.60*	27
28 COMPREHENSIVE CONSULTATION				75.00	49.40*	53.60*	28
29 PSYCHOTHERAPY-ONE HOUR				60.00	44.00	60.00	29
30 PSYCHOTHERAPY-HALF HOUR				30.00	22.00	30.00	30
31 CHIROPRACTIC OFFICE VISIT				11.80*	10.00	9.10*	31
32 INITIAL PHYSIOTHERAPY				22.90*			32
33 F/U POOIATRIC OFFICE VISIT				13.00	12.00	12.50	33
34 ELECTROCAROIOGRAM (EKG)	24.90*	24.90*	20.00	24.90*	24.80*	22.00	34
35 EKG-INTERPRET AND REPORT ONLY	24.30	24.50	20.00	6.50	7.00	7.90*	35
36 SPIROMETRY				28.00	20.00+	26.10*	36
37 ELECTROENCEPHALOGRAM (EEG)				55.00	20.00	52.00*	37
38 CHEMOTHERAPY				17.00	15.00	17.00	38
39 COLLECTION OF SPECIMENS				3.00	5.00		39
						5.00	40
40 OEBRIOEMENT OF NAILS				12.90*	11.80+	12.90*	
41 SKIN BIOPSY				41.40*	25.00*	37.50	41
42 CHEMOCAUTERY				007.00.	704 50.	666 00.	42
43 RAOICAL MASTECTOMY				837.20*	724.50+	666.90+	43
44 OPEN REDUCTION OF FRACTURE	25 22+	25 22	10.00	825.00+	803.30*	909.50*	44
45 ARTHROCENTESIS-MAJOR JOINT	25.00*	25.00*	10.00	22.60*	23.70*		45
46 CORONARY ARTERY BYPASS							46
47 TOTAL ARTIFICIAL HIP REPLACE				900.00			47
48 NEEOLE PUNCTURE OF BURSA				10.00	10.00	20.00	48
49 BRONCHOSCOPY				124.40*	152.00	125.00*	49
50 THORACENTESIS				55.80*	41.40*	44.20*	50
51 CATHERIZATION OF HEART				480.70*	487.20*		51

400.00

400.00

400.00

800.00

848.00\*

41.40\*

400.00

600.00\*

753.60\*

400.00

35.00

800.00

704.80\*

400.00

34.50\*

52

53 54

55

52 INSERTION OF PACEMAKER

53 PARTIAL COLECTOMY

54 APPENOECTOMY

55 SIGMOIOOSCOPY

	LUCALITY UE:	SIGNATION F	UR GENERAL PRACT	ICE	LUCALITY	UESIGNATIO	N FUR SPECIAL	151
PROCEOURE DESCRIPTION	AREA 1	AREA 2	AREA 3		AREA 1	AREA 2	AREA 3	
56 HEMORRHOIDECTOMY					331.70*	310.90*	210.00*	56
57 CHOLECYSTECTOMY					679.20*	577.00*	559.80*	57
58 REPAIR HERNIA					414.75*	350.20*	355.80*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	35.00*		50.00		50.00	54.70*	50.00*	59
60 DILATION OF URETHRA	,		50.00		15.00	15.00	15.00	60
61 PROSTATECTOMY - SUPRAPUBIC					836.90*	663.40*	779.50*	61
62 ELECTROSECTION-PROSTATE (TUR)			519.70*		725.00	663.40*	714.50*	62
63 HYSTERECTOMY			0.50		800.00	622.00*	597.00*	63
64 INITIAL COMPLETE EYE EXAM					25.00	23.25*	20.80*	64
65 COMPREHENSIVE EYE EXAM					25.00	23.25*	20.80*	65
66 EYE EXAM WITH TONOMETRY					25.00	23.25*	20.80*	66
67 EXTRACTION OF LENS					843.50*	698.10*	714.50*	67
68 CHEST X-RAY - SINGLE VIEW	24.90*	15.00	19.25*		24.90*	16.70*	21.60*	68
69 CHEST X-RAY - TWO VIEWS	30.00	26.00	25.00		33.60*	21.00	21.60*	69
70 X-RAY SPINE					39.40*	29.80*	35.70*	70
71 X-RAY HIP					27.50	27.00	27.00	71
72 X-RAY UPPER GI TRACT	50.00	49.70*	40.00		65.00	49.70*	63.60*	72
73 X-RAY COLON					64.00	44.20*	60.50*	73
74 RADIATION THERAPY-LOW VOLT					23.60*	20.00		74
75 RADIATION THERAPY-SUPER VOLT			26.00*		23.60*	20.50*		75
76 RADIATION THERAPY-MEGAVOLT					23.60*	20.50*		76
77 CAT SCAN - HEAD					200.00			7 <b>7</b>
78 CAT SCAN - ABOOMEN					58.10*P	60.00 P	60.00 P	78
79 THREE CHEMISTRY TESTS					20.00	25.00	24.00	79
80 NINETEEN CHEMISTRY TESTS					30.00	25.00	26.00	80
81 CULTURE - OTHER THAN BLOOD					14.50	10.00	6.00	81
82 HEMOGLOBIN					2.00L	3.00L	2.00L	82
83 AUTOMATEO BLOOD COUNT								83
84 WHITE CELL COUNT					2.00L	2.50L	2.50L	84
85 COMPLETE BLOOD COUNT (CBC)					6.00L	7.30L	6.00L	· 85
86 CHOLESTEROL TEST					5.00L	6.00L	5.00L	86
87 FLOCCULATION TEST					8.50	9.00	8.50	87
88 HEMATOCRIT					2.00L	2.50L	2.50L	88
89 PLATELET COUNT (RZES-ECKER)					8.50	5.00	7.00	89
90 POTASSIUM TEST - BLOOD					8.50	9.00	8.00	90
91 PROTHROMBIN TIME TEST					4.00L	5.00L	4.00L	91
92 SEDIMENTATION RATE					5.00L	4.00L	5.50	92
93 BLOOD SUGAR					5.00L	5.00L	5.00L	93
94 BUN-UREA - NITROGEN					5.00L	6.00L	5.00L	94
95 URIC ACIO					5.00L	7.50L	6.00L	95
96 FECES-OCCULT BLOOD-SCREENING					4.00	5.00	4.00	96
97 PAP TEST					6.00L	6.00L	7.00L	97
98 ROUTINE URINALYSIS					3.00L	3.00L	3.00L	98
99 CHEMICAL URINALYSIS					3.00	3.00	3.00	99
100 PATHOLOGY - THREE SPECIMENS					25.00	25.00	20.00	100
101 ELEC MONITORING-PACEMAKER								101
102 DONOR NEPHRECTOMY-UNILATERAL					805.00	688.20*	760.20*	102
103 KIONEY TRANSPLANT								103
104 HOSPITAL BEO - RENTAL					52.10	36.00	60.50	104
105 WALKER - RENTAL					15.00	10.50	8.50	105
106 WHEELCHAIR - RENTAL					26.00	20.00	25.00	106
107 LIQUIO OXYGEN - RENTAL					50.00		50.00	107
108 HOSPITAL BEO - PURCHASE					474.00	474.00	474.00	108
109 WALKER - PURCHASE					44.50	50.00	40.30	109
110 WHEELCHAIR - PURCHASE					235.00	264.00	254.00	110

MISSOURI

PROCEDURE DESCRIPTION	AREA O1	AREA 02	AREA 03	AREA 06	AREA 01	AREA 02	AREA 03	AREA O6	
1 INITIAL BRIEF OFFICE VISIT					11.60*	16.70*	16.70*	16.70*	1
2 INITIAL LIMITED OFFICE VISIT	11.60*	9.90*	13.10*	8.20*	11.60*	16.70*	16.70*	16.70*	2
3 INITIAL INTERMED OFFICE VISIT					20.00	17.00	19.00	12.00	3
4 INITIAL COMP OFFICE VISIT	20.00	33.10*	55.00	25.00	35.90	40.00	55.00	41.40*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	5.00	6.00	3.40*	7.00	8.20*	8.20*	8.20*	3.00	5
6 BRIEF FOLLOWUP OFFICE VISIT	11.60*	9.90*	13.10*	8.20*	11.60*	16.70*	16.70*	16.70*	6
7 LIMITED FOLLOWUP DFFICE VISIT	11.60*	9.90*	13.10*	8.20*	11.60*	16.70*	16.70*	16.70*	7
8 INTERMEDIATE F/U DFFICE VISIT	15.00	16.00	17.00	12.00	20.00	17.00	19.00	12.00	8
9 EXTENDED F/U OFFICE VISIT	15.00	18.50	20.00	19.40	26.50*	26.50*	24.80*	10.00	9
10 COMP FOLLOWUP OFFICE VISIT	25.00	33.10+	35.00	25.00	41.40*	41.40*	49.70*	41.40*	10
11 BRIEF FOLLOWUP HOME VISIT	15.00	16.70*	18.00	13.10*	15.00	16.70*	18.00	13.10*	11
12 LIMITEO FOLLOWUP HOME VISIT					15.00	16.70*	18.00	13.10*	12
13 INTERMOIATE F/U HOME VISIT	20.00	19.90*	20.00	12.00	20.00	19.90*	20.00	12.00	13
14 EXTENDED CARE FACILITY VISIT					13.10*	24.80*	24.80*	12.40*	14
15 BRIEF F/U NURSING HOME VISIT	11.60*	9.90*	13.10*	8.20*	11.60*	16.70*	16.70*	15.00*	15
16 INITIAL BRIEF HOSPITAL VISIT	25.00	25.00	58.00*	35.00	30.75	41.40*	41.40*	41.40*	16
17 INIT INTERMED HOSPITAL VISIT					58.00*	58.00*	60.00	41.40*	17
18 INITIAL COMP HOSPITAL VISIT	40.00	41.40*	58.00*	35.00	58.00*	58.00*	60.00	41.40*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	15.00	14.90*	16.70*	11.60*	16.70*	19.90*	16.70*	16.70*	19
20 LIMITEO F/U HOSPITAL VISIT	15.00	14.90*	16.70*	11.60*	16.70*	19.90*	16.70*	16.70*	20
21 INTERMED F/U HOSPITAL VISIT	20.00	13.10+	24.80*	20.00	19.90*	19.90*	17.00	34.60	21
22 EXTENDED F/U HOSPITAL VISIT					40.90*	45.00	40.00	38.10*	22
23 BRIEF EMERGENCY ROOM VISIT					24.80*	24.80*	24.80*	24.80*	23
24 LIMITEO EMERGENCY ROOM VISIT					24.80*	24.80*	24.80*	24.80*	24
25 INTERMEO EMERGENCY ROOM VISIT					24.80*	24.80*	24.80*	24.80*	25
26 LIMITED CONSULTATION	39.40*	30.00	49.70*	41.40*	41.40+	58.00*	58.00*	55.00	26
27 EXTENSIVE CONSULTATION					58.00*	75.00	75.00	50.00	27
28 COMPREHENSIVE CONSULTATION					58.00*	75.00	75.00	50.00	28
29 PSYCHOTHERAPY-ONE HOUR					56.00	52.40*	60.00	65.00	29
30 PSYCHOTHERAPY-HALF HOUR					28.00	26.20*	30.00	32.50	30
31 CHIROPRACTIC OFFICE VISIT					9.10+	10.40*	10.40*	9.10*	31
32 INITIAL PHYSIOTHERAPY					15.00	12.20*	13.10*	11.60*	32
33 F/U PODIATRIC OFFICE VISIT					9.90*	10.00	9.00	8.20*	33
34 ELECTROCARDIOGRAM (EKG)	27.50*	25.00*	25.00*	20.00	27.50*	25.00	25.00	20.00	34
35 EKG-INTERPRET AND REPORT ONLY	8.20	9.40*	8.20*	8.20*	8.20*	8.20	9.00	11.00	35
36 SPIROMETRY					38.00	38.00	38.00	35.00	36
37 ELECTROENCEPHALOGRAM (EEG)					65.00	65.00	65.00	65.00	37
38 CHEMOTHERAPY					31.10*	23.90*	28.40*	30.90*	38
39 COLLECTION OF SPECIMENS					3.00	3.00	3.00	3.00	39
40 DEBRIDEMENT OF NAILS					13.00*	14.40	14.20*	13.00	40
41 SKIN BIOPSY					50.00	50.00	51.25	50.00	41
42 CHEMOCAUTERY									42
43 RADICAL MASTECTOMY					746.00*	829.00*	829.00*	750.00	43
44 OPEN REDUCTION OF FRACTURE	٠				746.00*	829.00*	829.00*	829.00*	44
45 ARTHROCENTESIS-MAJOR JOINT	20.00	21.00	25.00	14.00+	16.00	16.00	18.90*	16.00	45
46 CORONARY ARTERY BYPASS					2500.00	2500.00	2500.00	2500.00	46
47 TOTAL ARTIFICIAL HIP REPLACE					1657.70*	1657.70*	1657.70*	1657.70*	47
48 NEEOLE PUNCTURE OF BURSA					25.00	25.00	25.00	25.00	48
49 BRONCHOSCOPY					125.00	125.00	200.00	124.40*	49
50 THORACENTESIS					40.00	39.60*	35.00	40.00	50
51 CATHERIZATION OF HEART					414.40	414.40	550.00*	414.40	51
52 INSERTION OF PACEMAKER					1048.80	851.10	1041.00	1048.80	52
53 PARTIAL COLECTOMY			444 40	444 40	853.70*	853.70*	853.70*	829.00*	53
54 APPENOECTOMY	414.40	414.40	414.40	414.40+	431.10+	431.10*	450.00	431.10*	54
55 SIGMOIOOSCOPY					33.10*	25.00	41.40*	27.25	55

1981 PREVAILING CHARGE SUMMARY		/S OF KANSA OESIGNATION			MISSOURI LOCALITY OESIGNATION FOR SPECIALIST				
PROCEDURE DESCRIPTION	AREA 01	AREA 02	AREA 03	AREA 06	AREA O1	AREA 02	AREA 03	AREA 06	
56 HEMORRHOIOECTOMY					348.20*	348.20*	373.00*	348.20*	56
57 CHOLECYSTECTOMY					580.20*	663.20*	700.00	625.00	57
58 REPAIR HERNIA					414.40*	400.00	414.40*	290.20*	58
59 OIAGNOSTIC CYSTOURETHROSCOPY	82.80	82.80	85.00	82.80*	82.80*	82.80*	82.80*	92.80*	59
60 OILATION OF URETHRA					17.00	17.00	17.00	17.00	60
61 PROSTATECTOMY - SUPRAPUBIC	746 00	746 00	7.46 00	746 00	775.00	775.00	775.00	775.00	61
62 ELECTROSECTION-PROSTATE (TUR) 63 HYSTERECTOMY	746.00	746.00	746.00	746.00*	746.00*	746.00* 746.00*	795.80* 764.30*	746.00*	62 63
64 INITIAL COMPLETE EYE EXAM					746.00* 26.50*	23.25*	33.10*	687.90* 20.00	64
65 COMPREHENSIVE EYE EXAM					26.50*	23.25*	33.10*	20.00	65
66 EYE EXAM WITH TONOMETRY					6.60*	6.60*	6.60*	6.60*	66
67 EXTRACTION OF LENS	746.00	746.00	746.00	746.00	746.00*	746.00*	746.00*	746.00*	67
68 CHEST X-RAY - SINGLE VIEW	33.10*	24.80*	24.80*	15.00	16.70*	23.10*	16.70*	16.70	68
69 CHEST X-RAY - TWO VIEWS	30.00	24.80*	30.00	30.00	24.80*	24.80*	24.80*	24.80	69
70 X-RAY SPINE					56.00	56.00	48.50	56.00	70
71 X-RAY HIP				50.00	32.40	32.40	32.40	32.40	71
72 X-RAY UPPER GI TRACT	53.90	53.90*	49.70*	53.90*	46.40*	46.40*	46.40*	63.10*	72
73 X-RAY COLON 74 RAOIATION THERAPY-LOW VOLT					46.40*	46.40*	46.40*	46.40	73 74
75 RADIATION THERAPY-LOW VOLT									75
76 RADIATION THERAPY-MEGAVOLT									76
77 CAT SCAN - HEAD					75.00	75.00	67.70*	75.00	77
78 CAT SCAN - ABOOMEN					80.30	80.30	72.50	80.30	78
79 THREE CHEMISTRY TESTS					32.00	26.00	21.00	21.00	79
80 NINETEEN CHEMISTRY TESTS					25.00	25.00	21.00	25.00	80
81 CULTURE - OTHER THAN BLOOD					15.75	13.50	15.00	15.00	81
82 HEMOGLOBIN					4.25L	4.00L	4.00L	3.00L	82
83 AUTOMATEO BLOOD COUNT					10.50L 4.00L	7.00L 5.00L	8.00L 3.00L	8.00L 3.00L	83 84
84 WHITE CELL COUNT 85 COMPLETE BLOOD COUNT (CBC)					10.50L	7.00L	8.00L	8.00L	85
86 CHOLESTEROL TEST					9.00L	7.00L	6.00L	5.00L	86
87 FLOCCULATION TEST					6.00	6.75	6.00	7.50	87
88 HEMATOCRIT					3.00L	4.00L	3.50L	2.00L	88
89 PLATELET COUNT (REES-ECKER)					7.50	5.50	7.90	8.00	89
90 POTASSIUM TEST - BLOOD					10.50	8.00	8.00	9.00	90
91 PROTHROMBIN TIME TEST					5.50L	4.50L	5.00L	5.50L	91
92 SEDIMENTATION RATE					5.50L	6.00L	5.00L	5.00L	92
93 BLOOD SUGAR					6.50L 8.00L	6.00L 5.50L	6.00L 6.00L	5.00L 6.00L	93 94
94 BUN-UREA - NITROGEN					8.00L	6.00L	7.00L	6.00L	95
95 URIC ACIO 96 FECES-OCCULT BLOOD-SCREENING					7.50	3.00	6.50	3.00	96
97 PAP TEST					8.25L	6.50L	7.00L	6.00L	97
98 ROUTINE URINALYSIS					5.00L	5.00L	5.00L	4.00L	98
99 CHEMICAL URINALYSIS					5.00L	5.00L	5.00L	4.00L	99
100 PATHOLOGY - THREE SPECIMENS					21.00	21.00	20.00	30.00	100
101 ELEC MONITORING-PACEMAKER					27.00	27.00	27.00	27.00	101
102 OONOR NEPHRECTOMY-UNILATERAL					1000.00	1000.00	1000.00	1000.00	102
103 KIONEY TRANSPLANT					1325.60	1325.60 55.00L	1325.60 56.87L	1325.60 55.00L	103 104
104 HOSPITAL BEO - RENTAL					55.00L 15.00	15.00	24.00	12.50	105
105 WALKER - RENTAL					25.36L	25.36L	28.50L	25.36L	106
106 WHEELCHAIR - RENTAL 107 LIQUIO OXYGEN - RENTAL					50.00	50.00	50.00	50.00	107
108 HOSPITAL BEO - PURCHASE					374.85L	374.85L	374.85L	374.85L	108
109 WALKER - PURCHASE					45.54	53.60	44.95	48.95	109
110 WHEELCHAIR - PURCHASE					195.00L	217.46L	216.00L	214.21L	110

MONTANA

## **MONTANA**



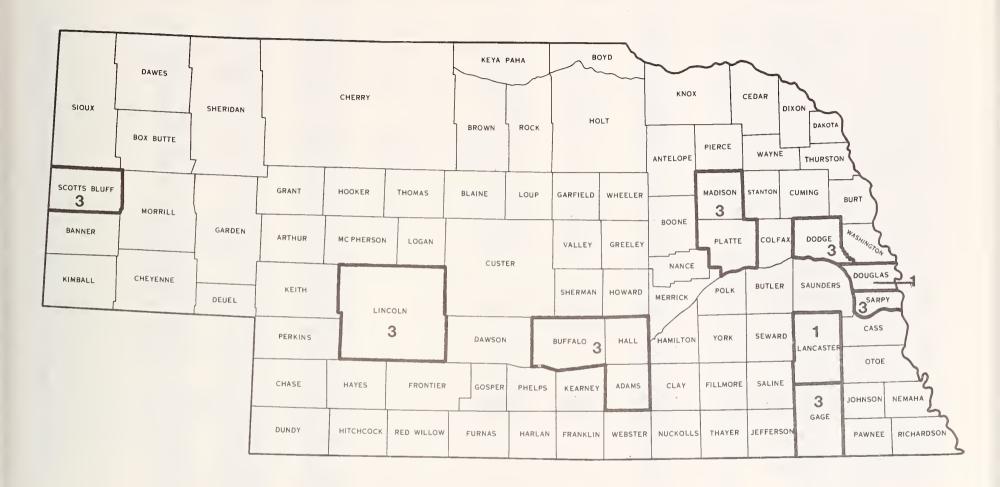
One Locality - Statewide

PRDCEDURE DESCRIPTION	МТ	МТ	
1 INITIAL BRIEF OFFICE VISIT		19.90*	1
2 INITIAL LIMITED DEFICE VISIT	22.50*	29.80*	2
3 INITIAL INTERMED DEFICE VISIT	22.00	51.40*	3
4 INITIAL CDMP DFFICE VISIT	49.70*	58.00*	4
5 MINIMAL FOLLOWUP DEFICE VISIT	7.70*	9.40	5
6 BRIEF FOLLOWUP DFFICE VISIT	11.60*	11.90*	6
7 LIMITED FOLLOWUP DEFICE VISIT	14.40*	16.40*	7
8 INTERMEDIATE F/U DFFICE VISIT	19.90*	16.60*	8
·	29.00	29.80*	9
9 EXTENDED F/U OFFICE VISIT			10
10 COMP FOLLDWUP DFFICE VISIT	39.80*	49.70*	
11 BRIEF FOLLOWUP HOME VISIT	19.90*		11
12 LIMITED FOLLOWUP HOME VISIT	20.00		12
13 INTERMOIATE F/U HOME VISIT	30.00	44.00:	13
14 EXTENDED CARE FACILITY VISIT	44.00	11.90*	14
15 BRIEF F/U NURSING HDME VISIT	11.60*	11.90*	15
16 INITIAL BRIEF HOSPITAL VISIT	29.80*	33.20	16
17 INIT INTERMED HOSPITAL VISIT		49.70*	17
18 INITIAL COMP HOSPITAL VISIT	49.70*	69.60	18
19 BRIEF FOLLOWUP HDSPITAL VISIT	11.60*	11.90*	19
20 LIMITEO F/U HOSPITAL VISIT	16.20*	19.90	20
21 INTERMEO F/U HOSPITAL VISIT	28.00	29.80*	21
22 EXTENDED F/U HOSPITAL VISIT		38.90*	22
23 BRIEF EMERGENCY ROOM VISIT		18.50*	23
24 LIMITED EMERGENCY ROOM VISIT		26.00	24
25 INTERMED EMERGENCY ROOM VISIT		43.40*	25
26 LIMITED CDNSULTATION	32.40*	32.20*	26
27 EXTENSIVE CONSULTATION		48.60*	27
28 COMPREHENSIVE CONSULTATION		64.30*	28
29 PSYCHDTHERAPY-ONE HOUR		51.40*	29
30 PSYCHDTHERAPY-HALF HOUR		30.80*	30
31 CHIRDPRACTIC DFFICE VISIT	11.40*	12.30*	31
32 INITIAL PHYSIDTHERAPY			32
33 F/U PODIATRIC OFFICE VISIT		15.00	33
34 ELECTRDCARDIDGRAM (EKG)	28.00	29.20*	34
35 EKG-INTERPRET AND REPORT ONLY	12.80*	7.70*	35
36 SPIRDMETRY		30.70*	36
37 ELECTROENCEPHALOGRAM (EEG)		61.70*	37
38 CHEMDTHERAPY		11.30*	38
39 COLLECTION OF SPECIMENS		3.00*	39
40 DEBRIDEMENT OF NAILS		12.30	40
41 SKIN BIOPSY		24.90*	41
42 CHEMDCAUTERY		10.80	42
43 RADICAL MASTECTOMY		666.30*	43
44 OPEN REDUCTION DF FRACTURE		913.60*	44
45 ARTHROCENTESIS-MAJOR JOINT	40.00+		45
	10.80*	14.00	
46 CORDNARY ARTERY BYPASS		3318.40	46
47 TDTAL ARTIFICIAL HIP REPLACE		1661.60*	47
48 NEEDLE PUNCTURE OF BURSA		15.80*	48
49 BRONCHOSCOPY		165.80*	49
50 THORACENTESIS		30.40*	50
51 CATHERIZATION OF HEART		469.40*	51
52 INSERTION OF PACEMAKER		994.80*	52
53 PARTIAL COLECTOMY		774.25	53
54 APPENDECTOMY	331.60*	393.80*	54
55 SIGMOIDOSCOPY		26.40*	55

F	PROCEOURE OESCRIPTION	MT	мт	
56 HEMO	ORRHOIOECTOMY		298.40*	56
	LECYSTECTOMY		601.00*	57
	AIR HERNIA		373.00*	58
	GNOSTIC CYSTOURETHROSCOPY	48.75	49.70*	59
	ATION OF URETHRA	46.75		60
_	STATECTOMY - SUPRAPUBIC		18.80*	61
		782 60+	762.70 762.70*	
	CTROSECTION-PROSTATE (TUR)	782.60*		62
	TERECTOMY		740.00*	63
	TIAL COMPLETE EYE EXAM		25.00*	64
	PREHENSIVE EYE EXAM		0.00	65
	EXAM WITH TONOMETRY		9.90*	66
	RACTION OF LENS	20.00	762.70*	67
	ST X-RAY - SINGLE VIEW	20.00*	24.00	68
	ST X-RAY - TWO VIEWS	29.80*	29.80	69
	AY SPINE		64.70*	70
71 X-RA			29.80*	71
	AY UPPER GI TRACT	69.60*	69.60*	72
73 X-RA	AY COLON		59.70*	73
	IATION THERAPY-LOW VOLT			74
75 RAO	IATION THERAPY-SUPER VOLT		35.30*	75
76 RAO	IATION THERAPY-MEGAVOLT		37.40*	76
77 CAT	SCAN - HEAO		308.50*	77
78 CAT	SCAN - ABDOMEN		151.80*	78
79 THRE	EE CHEMISTRY TESTS		23.00	79
80 NINE	ETEEN CHEMISTRY TESTS		26.30	80
81 CULT	TURE - OTHER THAN BLOOD		7.50	81
82 HEMO	OGLOBIN		3.00L	82
83 AUTO	OMATEO BLOOD COUNT		8.50	83
	TE CELL COUNT		3.00L	84
	PLETE BLOOD COUNT (CBC)		10.00L	85
	LESTEROL TEST		7.00L	86
	CCULATION TEST		5.50	87
	ATOCRIT		3.20L	88
	TELET COUNT (REES-ECKER)		7.50	89
	ASSIUM TEST - BLOOD		11.40	90
	THROMBIN TIME TEST		6.75L	91
	IMENTATION RATE		5.00L	92
	OO SUGAR		7.00L	93
	-UREA - NITROGEN		9.00L	94
95 URI			7.00	95
			5.00	96
	ES-OCCULT BLOOD-SCREENING		7.45L	97
97 PAP			4.50L	98
	TINE URINALYSIS		3.50	99
	MICAL URINALYSIS		24.50	100
	HOLOGY - THREE SPECIMENS		13.20	101
	C MONITORING-PACEMAKER		13.20	102
	OR NEPHRECTOMY-UNILATERAL			102
	NEY TRANSPLANT		3F 00I	103
	PITAL BEO - RENTAL		35.00L	
	KER - RENTAL		12.00	105
	ELCHAIR - RENTAL		18.00L	106
	UIO OXYGEN - RENTAL		90.00	107
	PITAL BEO - PURCHASE		385.00	108
	KER - PURCHASE		41.10	109
110 WHE	ELCHAIR - PURCHASE		225.00L	110

NEBRASKA

#### **NEBRASKA**



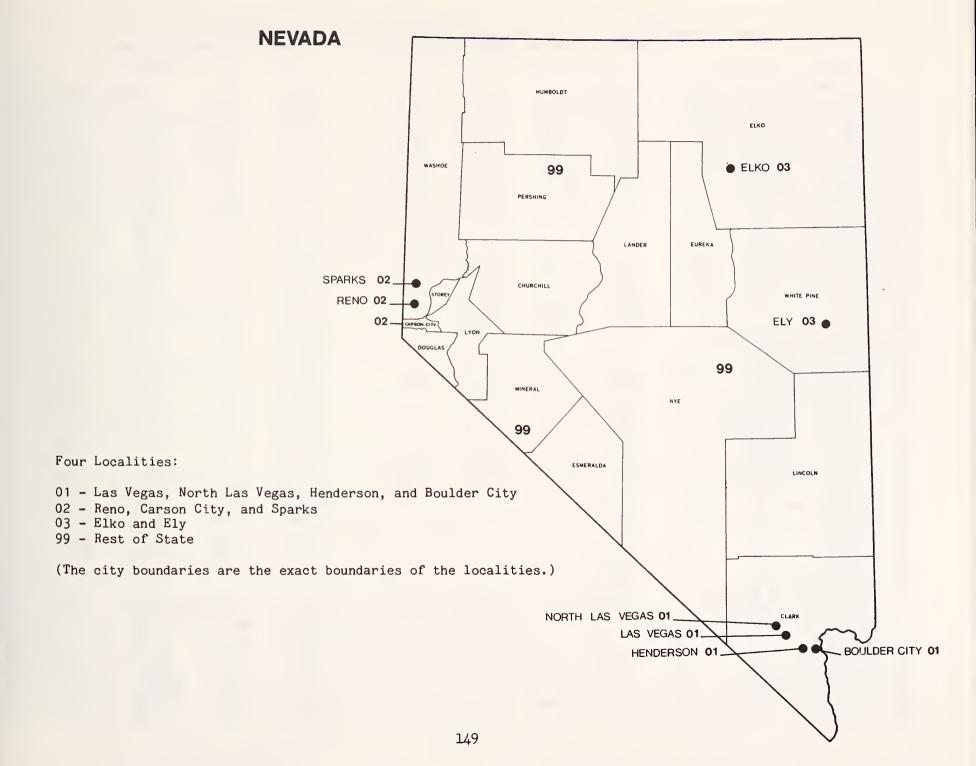
#### Three Localities:

- 1 Douglas and Lancaster Counties
- 3 Counties over 25,000 population Adams, Buffalo, Dodge, Gage, Hall, Lincoln, Madison, Platte, Sarpy, Scotts Bluff
- 4 Remaining 81 counties under 25,000 population

	LUCALITY OF	SIGNATION F	OR GENERAL PRACTICE	LOCALITY	UE SIGNATIO	IN FUR SPECIALIS	<b>&gt;</b> 1
PROCEOURE DESCRIPTION	AREA 1	AREA 3	AREA 4	AREA 1	AREA 3	AREA 4	
1 INITIAL BRIEF OFFICE VISIT				13.10*	9.90*	8.20*	1
2 INITIAL LIMITED OFFICE VISIT	12.00	12.00	11.00	14.90*	14.00	10.00	2
3 INITIAL INTERMED OFFICE VISIT	.2.00	.2.00		14.90*	14.00	10.00	3
4 INITIAL COMP OFFICE VISIT	40.00	25.00	25.00	55.00	49.70*	36.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT	9.90*	9.90*	8.20*	13.10*	9.90*	8.20*	5
6 BRIEF FOLLOWUP OFFICE VISIT	9.90*	9.90*	8.20*	13.10*	9.90*	8.20*	6
7 LIMITED FOLLOWUP OFFICE VISIT	12.00	12.00	11.00	14.90*	14.00	10.00	7
8 INTERMEDIATE F/U OFFICE VISIT	12.00	12.00	11.00	14.90*	14.00	10.00	8
9 EXTENDED F/U OFFICE VISIT	14.00	15.00	12.50	16.70*	15.00	12.50	9
10 COMP FOLLOWUP OFFICE VISIT	40.00	25.00	25.00	55.00	49.70*	36.00	10
11 BRIEF FOLLOWUP HOME VISIT	19.90*	16.70*	16.00	24.90*	16.70*	15.00	11
12 LIMITEO FOLLOWUP HOME VISIT	, , , , ,			24.90*	16.70*	15.00	12
13 INTERMOIATE F/U HOME VISIT	20.00	18.00	15.00	18.00	18.00	15.00	13
14 EXTENDED CARE FACILITY VISIT	20.00			15.00	10.00	14.50+	14
15 BRIEF F/U NURSING HOME VISIT	9.90*	9.90	8.20*	13.10+	9.90+	8.20*	15
16 INITIAL BRIEF HOSPITAL VISIT	33.10+	33.10*	24.90*	49.70+	33.10*	25.00+	16
17 INIT INTERMED HOSPITAL VISIT			2	49.70+	33.10+	25.00*	17
18 INITIAL COMP HOSPITAL VISIT	50.00	50.00	35.00	66.40*	60.00	50.00	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	11.60+	9.90*	9.90+	14.20*	11.60+	9.90+	19
20 LIMITED F/U HOSPITAL VISIT	11.60+	9.90*	9.90*	14.20+	11.60+	9.90*	20
21 INTERMED F/U HOSPITAL VISIT	15.00	11.00	14.00	16.70*	14.00	16.70*	21
22 EXTENDED F/U HOSPITAL VISIT				24.90*	30.00	26.00	22
23 BRIEF EMERGENCY ROOM VISIT				24.00	20.00	16.70*	23
24 LIMITED EMERGENCY ROOM VISIT				24.00	20.00	16.70*	24
25 INTERMED EMERGENCY ROOM VISIT				17.50	20.00	17.50	25
26 LIMITEO CONSULTATION	24.90*	24.90*	24.90*	25.00+	30.00+	40.00*	26
27 EXTENSIVE CONSULTATION				41.40*	50.00	50.00*	27
28 COMPREHENSIVE CONSULTATION				66.40+	65.00	68.90+	28
29 PSYCHOTHERAPY-ONE HOUR				60.00	60.00	60.00	29
30 PSYCHOTHERAPY-HALF HOUR				30.00	30.00	30.00	30
31 CHIROPRACTIC OFFICE VISIT	10.00	10.00	10.00	8.90+	10.00	9.70+	31
32 INITIAL PHYSIOTHERAPY				7.00	9.50*	9.50*	32
33 F/U PODIATRIC OFFICE VISIT				14.90+	12.00	12.00	33
34 ELECTROCAROIOGRAM (EKG)	24.90+	24.90+	24.90*	24.90+	20.00*	24.90*	34
35 EKG-INTERPRET AND REPORT ONLY	10.00 P	10.00 P	8.00 P	12.40+P	10.00 P	8.00 P	35
36 SPIROMETRY				24.90+	24.90*	24.10*	36
37 ELECTROENCEPHALOGRAM (EEG)				65.00	65.00	65.00	37
38 CHEMOTHERAPY				31.50+	38.80*	20.00	38
39 COLLECTION OF SPECIMENS				4.00	8.00	5.00	39
40 DEBRIDEMENT OF NAILS				12.00	13.10*	12.00	40
41 SKIN BIOPSY				30.00	25.00+	24.90*	41
42 CHEMOCAUTERY				16.70*	16.70*	16.70*	42
43 RADICAL MASTECTOMY				625.75+	587.60*	610.20+	43
44 OPEN REDUCTION OF FRACTURE				796.10+	729.70*	663.40*	44
45 ARTHROCENTESIS-MAJOR JOINT	16.70*	16.70+	16.70*	16.70+	16.70*	16.70+	45
46 CORONARY ARTERY BYPASS				2146.80*	2146.80*	2146.80+	46
47 TOTAL ARTIFICIAL HIP REPLACE				1316.40+	1404.20*	1245.30*	47
48 NEEDLE PUNCTURE OF BURSA				16.70*	16.70*	16.70*	48
49 BRONCHOSCOPY				165.80*	165.80*	165.80*	49
50 THORACENTESIS				41.40*	41.40*	41.40+	50
51 CATHERIZATION OF HEART				475.00	475.00	440.40*	51
52 INSERTION OF PACEMAKER				829.20*	829.20*	829.20*	52
53 PARTIAL COLECTOMY				829.20*	663.40*	829.20+	53
54 APPENOECTOMY	360.00	360.00	360.00	360.00	360.00	360.00	54
55 SIGMOIDOSCOPY				24.90*	24.90+	24.90*	55

	LOCALITY OF	SIGNATION F	OR GENERAL PRACTIC	E LOCALITY	DESIGNATIO	N FOR SPECIALIS	ST
PROCEOURE DESCRIPTION	AREA 1	AREA 3	AREA 4	AREA 1	AREA 3	AREA 4	
56 HEMORRHOIOECTOMY				298.60*	298.60*	298.60*	56
57 CHOLECYSTECTOMY				597.00*	497.50*	497.50*	57
58 REPAIR HERNIA				398.00*	331.70*	331.70*	58
59 OIAGNOSTIC CYSTOURETHROSCOPY	49.70*	49.70*	49.70*	49.70*	49.70*	49.70*	59
60 OILATION OF URETHRA		,,,,	13.70	16.70*	15.00	16.70*	60
61 PROSTATECTOMY - SUPRAPUBIC				729.70*	729.70*	729.70*	61
62 ELECTROSECTION-PROSTATE (TUR)	663.40*	663.40*	617.10*	663.40*	663.40*	617.10*	62
63 HYSTERECTOMY		••••	31,110	663.40*	650.00	663.40*	63
64 INITIAL COMPLETE EYE EXAM				24.90*	24.00	25.60	64
65 COMPREHENSIVE EYE EXAM				25.00*	28.30*	29.00	65
66 EYE EXAM WITH TONOMETRY				13.00	15.00	10.30*	66
67 EXTRACTION OF LENS	580.30*	580.30*	552.30*	580.30*	622.00*	675.00	67
68 CHEST X-RAY - SINGLE VIEW	10.40 P	8.90*P	9.00 P	10.40 P	8.90*P	9.00 P	68
69 CHEST X-RAY - TWO VIEWS	10.00*P	10,00 P	10.00 P	12.50*P	12.50*P	12.00 P	69
70 X-RAY SPINE	1,5100			59.75*	41.00	45.00	70
71 X-RAY HIP				24.90*	24.90*	24.90*	71
72 X-RAY UPPER GI TRACT	28.00 P	29.00 P	25.00 P	28.00 P	29.00 P	25.00 P	72
73 X-RAY COLON	20.00	20.00	20.00	27.30 P	27.00 P	23.00 P	73
74 RADIATION THERAPY-LOW VOLT				27100 1		20100 .	74
75 RADIATION THERAPY-SUPER VOLT							75
76 RADIATION THERAPY-MEGAVOLT							76
77 CAT SCAN - HEAD				65.00 P	64.00 P	65.00 P	77
78 CAT SCAN - ABOOMEN				65.00*P	65.00 P	65.00 P	78
79 THREE CHEMISTRY TESTS				18.90	24.00	30.00	79
BO NINETEEN CHEMISTRY TESTS				26.00	31.00	35.00	80
81 CULTURE - OTHER THAN BLOOD				13.00	12.00	7.00	81
82 HEMOGLOBIN				3.55L	4.00L	3.00L	82
83 AUTOMATEO BLOOD COUNT				11.90	10.00	10.00	83
84 WHITE CELL COUNT				3.55L	4.00L	3.00L	84
85 COMPLETE BLOOD COUNT (CBC)				9.50L	9.00L	8.00L	85
86 CHOLESTEROL TEST				7.00L	7.50L	7.00L	86
87 FLOCCULATION TEST				5.00	5.00	5.00	87
88 HEMATOCRIT				3.55L	3.00L	3.00L	88
89 PLATELET COUNT (REES-ECKER)				6.25	8.50	6.00	89
90 POTASSIUM TEST - BLOOD				8.50	8.00	9.50	90
91 PROTHROMBIN TIME TEST				7.00L	6.50L	6.00L	91
92 SECIMENTATION RATE				4.70L	4.50L	4.00L	92
93 BLOOD SUGAR				7.20L	6.50L	6.00L	93
94 BUN-UREA - NITROGEN				7.00L	8.00	7.00L	94
95 URIC ACIO				6.50L	8.00L	7.00L	95
96 FECES-OCCULT BLOOD-SCREENING				4.50	4.00	4.00	96
97 PAP TEST				7.00L	7.00L	6.00L	97
98 ROUTINE URINALYSIS				4.00L	5.00	4.00L	98
99 CHEMICAL URINALYSIS				4.00L	5.00	4.00L	99
100 PATHOLOGY - THREE SPECIMENS				18.00	25.00	19.10	100
101 ELEC MONITORING-PACEMAKER				29.75	25.00	28.00	101
102 OONOR NEPHRECTOMY-UNILATERAL				20110	20.00		102
103 KIONEY TRANSPLANT							103
104 HOSPITAL BEO - RENTAL				35.00L	35.00L	35.00L	104
105 WALKER - RENTAL				7.00	7.00	7.00	105
106 WHEELCHAIR - RENTAL				14.00L	15.00L	14.00L	106
107 LIQUIO OXYGEN - RENTAL							107
108 HOSPITAL BEO - PURCHASE				470.25L	550.00L	550.00L	108
109 WALKER - PURCHASE				44.90	37.00	42.00	109
110 WHEELCHAIR - PURCHASE				249.00	200.00L	238.40	110
TIO WILLEGIATE FUNCTIAGE				-2.2.00			

NEVADA



1981 PREVAILING CHARGE SUMMARY		AETNA LIFE AN OESIGNATION				AOA TY OESIGNA	TION FOR SPE	ECIALIST	
PROCEOURE DESCRIPTION	01	02	03	99	01	02	03	99	
1 INITIAL BRIEF OFFICE VISIT					24.80*	26.50*	24.80*	16.60*	1
2 INITIAL LIMITEO OFFICE VISIT	25.00	35.00	25.00	20.00	25.00	30.00	30.00	30.00	2
3 INITIAL INTERMEO OFFICE VISIT					23.70*	19.90*	23.60*	11.90*	3
4 INITIAL COMP OFFICE VISIT	48.00	60.00	48.00	48.00	50.00	60.00	60.00	60.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT	8.40*	8.40*	8.40*	6.00	5.00	8.40*	8.40*	7.90*	5
6 BRIEF FOLLOWUP OFFICE VISIT	16.00	13.25*	12.40*	13.25*	16.60*	13.25*	14.20*	12.40*	6
7 LIMITEO FOLLOWUP OFFICE VISIT	20.00	18.00	16.60*	16.00	24.80*	20.80*	15.00*	24.80*	7
8 INTERMEDIATE F/U OFFICE VISIT	20.00	20.00	24.80*	15.50	20.00	18.00	18.00	18.00	8
9 EXTENOED F/U OFFICE VISIT	30.00	33.00	31.25	30.70*	15.00	35.00	15.00	15.00	9
10 COMP FOLLOWUP OFFICE VISIT	52.00	53.00*	52.00	40.00	45.00	40.00	40.00	40.00	10
11 BRIEF FOLLOWUP HOME VISIT	35.00	24.80*	20.00*	24.80*	33.10*	20.80*	23.60*	23.60*	11
12 LIMITEO FOLLOWUP HOME VISIT					33.10*	29.20*	35.00	35.00	12
13 INTERMOTATE F/U HOME VISIT					45 05	10 10+	15 05	20.00+	13
14 EXTENDED CARE FACILITY VISIT 15 BRIEF F/U NURSING HOME VISIT	19.90+	20.00	16.60*	12.40*	15.25 20.00	12.40* 16.60*	15.25 14.80*	20.00* 16.60*	14 15
16 INITIAL BRIEF HOSPITAL VISIT	41.40*	41.40*	41.40*	37.00	58.00*	41.40*	41.40+	47.30*	16
17 INIT INTERMED HOSPITAL VISIT	41.40+	41.40*	41.40*	37.00	65.00	50.00	58.00+	49.80*	17
18 INITIAL COMP HOSPITAL VISIT	91.30*	70.00	90.00	64.00	83.00*	60.00	75.00	70.90*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	16.60*	16.60*	15.80	13.25*	16.60*	16.60*	13.25*	12.40*	19
20 LIMITEO F/U HOSPITAL VISIT	22.00	16.60*	20.00	16.00	24.80*	20.00	24.80*	24.80*	20
21 INTERMEO F/U HOSPITAL VISIT	16.60*	16.60*	16.60*	25.00	16.60*	16.60*	19.80*	16.60*	21
22 EXTENDED F/U HOSPITAL VISIT				20100	39.80*	39.80*	39.80*	39.80*	22
23 BRIEF EMERGENCY ROOM VISIT					30.20*	30.20*	23.10*	21.70*	23
24 LIMITEO EMERGENCY ROOM VISIT					50.00	45.90*	35.20*	22.60*	24
25 INTERMED EMERGENCY ROOM VISIT					50.00	50.00	40.50*	50.00	25
26 LIMITED CONSULTATION	40.00	40.00	39.40*	40.00	41.40*	35.00	39.80*	39.40*	26
27 EXTENSIVE CONSULTATION					58.00*	50.00	58.00*	66.30*	27
28 COMPREHENSIVE CONSULTATION					83.00+	65.00	85.00	85.00	28
29 PSYCHOTHERAPY-ONE HOUR					70.00	85.00	75.00	75.00	29
30 PSYCHOTHERAPY-HALF HOUR					50.00	40.00	40.00	40.00	30
31 CHIROPRACTIC OFFICE VISIT	15.00	15.00	14.20*	12.00	15.00	15.00	15.00	12.00	31
32 INITIAL PHYSIOTHERAPY					18.00+	15.00	19.00*	24.00	32
33 F/U PODIATRIC OFFICE VISIT									33
34 ELECTROCAROIOGRAM (EKG)	35.00	35.00	28.50	33.10*	33.10+	35.00	33.10*	33.10*	34
35 EKG-INTERPRET AND REPORT ONLY	16.60*	16.60*	15.80*	16.60*	16.60*	16.60*	16.60*	16.60+	35
36 SPIROMETRY					37.80*	37.80*	37.80*	37.80*	36
37 ELECTROENCEPHALOGRAM (EEG)					95.60*	75.00	80.00	80.00	37
38 CHEMOTHERAPY					35.00	23.00*	35.00	35.00	38
39 COLLECTION OF SPECIMENS					8.00	6.00	8.00	8.00	39
40 OEBRIOEMENT OF NAILS 41 SKIN BIOPSY					20.00	15.00	20.00	20.00	40 41
42 CHEMOCAUTERY					40.00 18.00+	40.00 18.00*	35.00* 18.00*	40.00 18.00*	42
43 RADICAL MASTECTOMY					18.00*	18.00*	18.00+	18.00+	43
44 OPEN REDUCTION OF FRACTURE									44
45 ARTHROCENTESIS-MAJOR JOINT	41.40*	34.00	46.40*	29.90*	37.00	37.00	37.00	23.00*	45
46 CORONARY ARTERY BYPASS	41.40	34.00	40.40	23,30	3044.30*	616.60*	616.10+	616.10*	46
47 TOTAL ARTIFICIAL HIP REPLACE					2072.40+	1989.30+	2072.40*	2072.40*	47
48 NEEOLE PUNCTURE OF BURSA					24.80*	28.00	26.50*	28.00	48
49 BRONCHOSCOPY					208.90+	198.90+	223.80*	223.80*	49
50 THORACENTESIS					45.00*	49.80*	49.80*	49.80*	50
51 CATHERIZATION OF HEART					400.00	346.10+	425.00	425.00	51
52 INSERTION OF PACEMAKER					994.70*	1040.70*	994.70*	994.70*	52
53 PARTIAL COLECTOMY					1193.50*	1193.50*	1600.00*	238.70*	53
54 APPENDECTOMY	530.00*	497.40*	116.00*	424.40*	557.00*	596.90*	504.80*	596.90*	54
55 SIGMOIOOSCOPY					49.80*	40.00	40.00	39.40*	55

1981 PREVAILING CHARGE SUMMAR		ETNA LIFE A OESIGNATION				VAOA ITY DESIGNA	TION FOR SP	ECIALIST	
PROCEOURE DESCRIPTION	01	02	03	99	01	02	03	99	
56 HEMORRHOIOECTOMY					456.00*	417.80*	397.70*	456.00*	56
57 CHOLECYSTECTOMY					911.80*	887.10*			57
58 REPAIR HERNIA					580.30*	530.50*	464.20*	590.00*	58
59 OIAGNOSTIC CYSTOURETHROSCOPY					83.00*	83.00*	83.00*	83.00*	59
60 OILATION OF URETHRA					22.50	25.00	22.50	22.50	60
61 PROSTATECTOMY - SUPRAPUBIC									61
62 ELECTROSECTION-PROSTATE (TUR)					1061.00*	1061.00*	1061.00*	1061.00*	62
63 HYSTERECTOMY					1050.00	928.50*	928.50*	1050.00*	63
64 INITIAL COMPLETE EYE EXAM					40.00	32.00	38.40	38.40	64
65 COMPREHENSIVE EYE EXAM					45.00	40.00	45.00	45.00	65
66 EYE EXAM WITH TONOMETRY					15.00	12.00	13 50*	13.50*	66
67 EXTRACTION OF LENS	22.00	24 00+	40.00+	40.00*	22 00+	47 70+	20.00*	1077.60*	67 60
68 CHEST X-RAY - SINGLE VIEW 69 CHEST X-RAY - TWO VIEWS	22.00 34.90*	24.80*	19.90*	19.90*	22.80*	17.70* 29.90*	20.80* 33.10*	20.00	68 69
70 X-RAY SPINE	34.90*	29.90*	29.00	24.80*	28.25* 34.90*	34.20*	35.90*	31.50* 39.80*	70
71 X-RAY HIP					36.00	34.90*	39.80*	39.80*	71
72 X-RAY UPPER GI TRACT	71.60*	66.30*	68.10*	61.60*	71.60*	66.30*	77.30*	81.30*	72
73 X-RAY COLON	71.00	00.00	00.10	01.00	59.60*	58.00*	70.90*	74.50*	73
74 RADIATION THERAPY-LOW VOLT						00.00	, 5.55	, ,,,,,,	74
75 RADIATION THERAPY-SUPER VOLT									75
76 RADIATION THERAPY-MEGAVOLT									76
77 CAT SCAN - HEAO									77
78 CAT SCAN - ABOOMEN									78
79 THREE CHEMISTRY TESTS					25.00	22.50	24.00	24.00	79
80 NINETEEN CHEMISTRY TESTS					35.00	18.00	35.00	35.00	80
81 CULTURE - OTHER THAN BLOOD					15.00	17.00	15.00	15.00	81
82 HEMOGLOBIN					3.50L	3.50L	3.50L	3.50L	82
83 AUTOMATEO BLOOD COUNT					10.00	10.00	10.00	10.00	83
84 WHITE CELL COUNT					4.00L 10.00L	4.00L 10.00L	4.00L 10.00L	4.00L 10.00L	84
85 COMPLETE BLOOD COUNT (CBC)					8.00L	8.00L	8.00L	8.00L	85 86
86 CHOLESTEROL TEST 87 FLOCCULATION TEST					7.50	7.50	7.50	7.50	87
88 HEMATOCRIT					3.00L	3.00L	3.00L	3.00L	88
89 PLATELET COUNT (REES-ECKER)					8.00	7.00	11.00	8.00	89
90 POTASSIUM TEST - BLOOD					10.00	7.00	9.50	12.00	90
91 PROTHROMBIN TIME TEST					6.50L	6.50L	6.50L	6.50L	91
92 SECIMENTATION RATE					7.00L	7.00L	7.00L	7.00L	92
93 BLOOO SUGAR					7.00L	7.00L	7.00L	7.00L	93
94 BUN-UREA - NITROGEN					7.00L	7.00L	7.00L	7.00L	94
95 URIC ACIO					8.00L	8.00L	8.00L	8.00L	95
96 FECES-OCCULT BLOOD-SCREENING					5.00	5.00	5.00	5.00	96
97 PAP TEST					8.50L	8.50L	8.50L	8.50L	97
98 ROUTINE URINALYSIS					5.00L	5.00L	5.00L	5.00L	98
99 CHEMICAL URINALYSIS					6.00	6.00	6.00 68.50	6.00	99
100 PATHOLOGY - THREE SPECIMENS					20.00 25.70*	33.00 31.50*	32.00*	26.50 32.00*	100 101
101 ELEC MONITORING-PACEMAKER					25.70*	31.30*	32.00	32.00	102
102 OONOR NEPHRECTOMY-UNILATERAL									103
103 KIONEY TRANSPLANT 104 HOSPITAL BEO - RENTAL					50.00	50.00	50.00	50.00	104
105 WALKER - RENTAL					176.00*	176.00*	176.00*	176.00*	105
106 WHEELCHAIR - RENTAL					25.90L	30.00L	25.90L	25.90L	106
107 LIQUIO DXYGEN - RENTAL									107
108 HOSPITAL BEO - PURCHASE					455.40	455.40	455.40	455.40	108
109 WALKER - PURCHASE					176.00	176.00	176.00	176.00	109
110 WHEELCHAIR - PURCHASE					258.75	258.75	258.75	258.75	110

NEW HAMPSHIRE



PROCEOURE DESCRIPTION	01	01	
1 INITIAL BRIEF OFFICE VISIT		40.00	1
2 INITIAL LIMITED DFFICE VISIT	12.00	18.00	2
3 INITIAL INTERMED OFFICE VISIT		30.00	3
4 INITIAL CDMP OFFICE VISIT	20.00	41.50*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	5.00*	6.60*	5
6 BRIEF FOLLOWUP OFFICE VISIT	8.10*	10.00	6
7 LIMITED FOLLOWUP OFFICE VISIT	11.60*	13.30*	7
8 INTERMEDIATE F/U OFFICE VISIT	15.00	16.60*	8
9 EXTENDED F/U DFFICE VISIT			9
10 COMP FOLLOWUP OFFICE VISIT	30.00		10
11 BRIEF FOLLOWUP HOME VISIT	12.40*	12.40*	11
12 LIMITED FOLLOWUP HOME VISIT		19.90*	12
13 INTERMOIATE F/U HOME VISIT	15.00	20.00	13
14 EXTENDED CARE FACILITY VISIT		13.30*	14
15 BRIEF F/U NURSING HOME VISIT	8.10	10.00	15
16 INITIAL BRIEF HOSPITAL VISIT	30.70*	41.50*	16
17 INIT INTERMED HOSPITAL VISIT			17
18 INITIAL COMP HOSPITAL VISIT	33.20*		18
19 BRIEF FOLLOWUP HOSPITAL VISIT	11.60*	16.00	19
20 LIMITED F/U HOSPITAL VISIT			20
21 INTERMED F/U HOSPITAL VISIT	16.60*	24.90*	21
22 EXTENOED F/U HOSPITAL VISIT	,	27.00*	22
23 BRIEF EMERGENCY ROOM VISIT		6.60*	23
24 LIMITED EMERGENCY ROOM VISIT		16.60*	24
25 INTERMEO EMERGENCY ROOM VISIT		28.50*	25
26 LIMITED CONSULTATION	29.40*	41.50*	26
27 EXTENSIVE CONSULTATION	25.40*	40.00	27
28 COMPREHENSIVE CONSULTATION		58.00*	28
29 PSYCHOTHERAPY-ONE HOUR		49.70*	29
30 PSYCHOTHERAPY-HALF HOUR	40.00	24.90*	30
31 CHIROPRACTIC OFFICE VISIT	12.00	11.00	31
32 INITIAL PHYSIOTHERAPY		9.00	32
33 F/U PODIATRIC OFFICE VISIT		11.60*	33
34 ELECTROCAROIOGRAM (EKG)	25.00	25.00	34
35 EKG-INTERPRET AND REPORT ONLY	12.00	12.00	35
36 SPIROMETRY		19.20*	36
37 ELECTROENCEPHALOGRAM (EEG)		58.00	37
38 CHEMOTHERAPY		33.40	38
39 COLLECTION OF SPECIMENS		3.00	39
40 DEBRIDEMENT OF NAILS		12.40*	40
41 SKIN BIOPSY		24.90*	41
42 CHEMOCAUTERY		29.20*	42
43 RADICAL MASTECTOMY		696.40	43
44 OPEN REDUCTION OF FRACTURE			44
45 ARTHROCENTESIS-MAJOR JOINT	20.00	15.00	45
46 CORONARY ARTERY BYPASS		2498.30	46
47 TOTAL ARTIFICIAL HIP REPLACE		1600.00	47
48 NEEOLE PUNCTURE OF BURSA			48
49 BRONCHOSCOPY		140.00	49
50 THORACENTESIS		29.00*	50
51 CATHERIZATION OF HEART		386.40	51
52 INSERTION OF PACEMAKER		700.00	52
53 PARTIAL COLECTOMY		755.00	53
54 APPENOECTOMY	393.80*	393.80	54
55 SIGMOIOOSCOPY	030.00*	35.80	55
33 31601003COF1		33.00	55
	7 7 1		

	PROCESURE OFFICE			
	PROCEOURE DESCRIPTION	01	01	
56	HEMORRHO I OECTOMY		199.00*	56
	CHOLECYSTECTOMY		580.30*	_
	REPAIR HERNIA		360.30*	57
	OIAGNOSTIC CYSTOURETHROSCOPY	74.30	49.70*	58
	DILATION OF URETHRA	74.00		59
	PROSTATECTOMY - SUPRAPUBIC		16.00	60
	ELECTROSECTION-PROSTATE (TUR)	655.50	795.80*	61
	HYSTERECTOMY	033.30	750.00	62
	INITIAL COMPLETE EYE EXAM		700.00	63
	COMPREHENSIVE EYE EXAM		16.60*	64
	EYE EXAM WITH TONOMETRY			65
	EXTRACTION OF LENS	655.50	650.00	66
	CHEST X-RAY - SINGLE VIEW	16.60*	650.00	67
	CHEST X-RAY - TWO VIEWS	24.20	9.50 P	68
	X-RAY SPINE	24.20	11.00 P	69
	X-RAY HIP		16.60*P	70
	X-RAY UPPER GI TRACT		12.00 P	71
	X-RAY COLON		26.50*P	72
	RADIATION THERAPY-LOW VOLT		26.00 P	73
	RADIATION THERAPY-SUPER VOLT			74
	RADIATION THERAPY-MEGAVOLT			75
	CAT SCAN - HEAD			76
	CAT SCAN - HEAD			77
	THREE CHEMISTRY TESTS			78
				79
0.0	NINETEEN CHEMISTRY TESTS			80
	CULTURE - OTHER THAN BLOOD		5.00	81
	HEMOGLOBIN		3.00L	82
	AUTOMATED BLOOD COUNT		5.00	83
	WHITE CELL COUNT		3.00	84
	COMPLETE BLOOD COUNT (CBC)		7.25L	85
	CHOLESTEROL TEST		6.50L	86
	FLOCCULATION TEST		5.50	87
	HEMATOCRIT		3.00L	88
	PLATELET COUNT (REES-ECKER)		6.00	89
	POTASSIUM TEST - BLOOD		6.00	90
	PROTHROMBIN TIME TEST		5.00	91
	SECIMENTATION RATE		4.00L	92
	BLOOD SUGAR		6.00L	93
	BUN-UREA - NITROGEN		5.00L	94
	URIC ACID		6.00L	95
	FECES-OCCULT BLOOD-SCREENING		3.00	96
	PAP TEST		6.00L	97
	ROUTINE URINALYSIS		3.50L	98
	CHEMICAL URINALYSIS		3.00	99
	PATHOLOGY - THREE SPECIMENS			100
	ELEC MONITORING-PACEMAKER			101
	OONOR NEPHRECTOMY-UNILATERAL		759.50	102
	KIONEY TRANSPLANT		998.20	103
	HOSPITAL BEO - RENTAL			104
	WALKER - RENTAL		7.50	105
	WHEELCHAIR - RENTAL		20.00L	106
	LIQUIO OXYGEN - RENTAL			107
	HOSPITAL BEO - PURCHASE			108
	WALKER - PURCHASE		29.95	109
110	WHEELCHAIR - PURCHASE		250.00L	110

NEW JERSEY



1981	PREVAILING	CHARGE	SUMMARY	OATA	PRUOENTIAL	INSURANCE	COMPANY	
	•			LOCALT	TY OFSIGNATIO	N FOR GENE	FRAI PRACTI	CF

NEW JERSEY LOCALITY DESIGNATION FOR SPECIALIST

	LOOKETT! OF	SIGNATION T	OK GENERAL I	KACTICE	COUNCIL	o ocorana i i	Sit For Si Colacisi	
PROCEOURE DESCRIPTION	01	02	03		01	02	03	
1 INITIAL BRIEF OFFICE VISIT					16.60*	16.60*	16.60*	1
2 INITIAL LIMITEO OFFICE VISIT	24.90*	25.00	24.90*		41.50*	33.20*	33.20*	2
3 INITIAL INTERMED OFFICE VISIT	24.50	23.00	24.50		16.60*	16.60*	16.60*	3
4 INITIAL COMP OFFICE VISIT	33.20*	33.20*	33.20*		49.70*	49.70*	41.50*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	13.30*	13.30*	11.60*		16.60*	16.60*	16.60*	5
6 BRIEF FOLLOWUP OFFICE VISIT	13.30*	13.30*	11.60*		16.60*	16.60*	16.60*	6
7 LIMITEO FOLLOWUP OFFICE VISIT	13.30*	13.30*	11.60*		16.60*	16.60*	16.60*	7
8 INTERMEDIATE F/U OFFICE VISIT	25.00	25.00	20.00		40.00	35.00	27.00	8
9 EXTENDED F/U OFFICE VISIT	25.00	25.00	20.00		40.00	35.00	27.00	9
10 COMP FOLLOWUP OFFICE VISIT	25.00	25.00	20.00		40.00	35.00	27.00	10
11 BRIEF FOLLOWUP HOME VISIT	19.90*	16.60*	16.60*		19.90*	19.90*	16.60*	11
12 LIMITEO FOLLOWUP HOME VISIT					19.90*	19.90*	16.60*	12
13 INTERMOIATE F/U HOME VISIT	19.90*	16.60*	16.60*		19.90*	19.90*	16.60*	13
14 EXTENDED CARE FACILITY VISIT					24.90*	19.90*	16.60	14
15 BRIEF F/U NURSING HOME VISIT	13.30*	13.30*	11.60*		16.60*	16.60*	16.60*	15
16 INITIAL BRIEF HOSPITAL VISIT	41.50*	41.50*	41.50*		58.00*	58.00*	49.70*	16
17 INIT INTERMED HOSPITAL VISIT	•				58.00*	58.00*	49.70*	17
18 INITIAL COMP HOSPITAL VISIT	50.00	50.00	42.10*		75.00	69.10*	59.10*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	16.60*	16.60*	16.60*		19.90*	16.60*	16.60*	19
20 LIMITEO F/U HOSPITAL VISIT	16.60*	16.60+	16.60*		19.90*	16.60*	16.60*	20
21 INTERMEO F/U HOSPITAL VISIT	16.60*	16.60*	16.60*		19.90*	16.60*	, 16.60+	21
22 EXTENOEO F/U HOSPITAL VISIT					19.90*	16.60*	16.60*	22
23 BRIEF EMERGENCY ROOM VISIT					24.90*	24.90*	24.90*	23
24 LIMITED EMERGENCY ROOM VISIT					24.90*	24.90*	24.90*	24
25 INTERMED EMERGENCY ROOM VISIT					24.90*	24.90*	24.90*	25
26 LIMITEO CONSULTATION					24.90*	24.90*	24.90*	26
27 EXTENSIVE CONSULTATION					80.00	58.00*	66.30*	27
28 COMPREHENSIVE CONSULTATION					95.00	71.10*	70.40*	28
29 PSYCHOTHERAPY-ONE HOUR					55.00	49.70*	50.00	29
30 PSYCHOTHERAPY-HALF HOUR					35.00	33.20*	33.20*	30
31 CHIROPRACTIC OFFICE VISIT	8.00	8.00	8.00		15.00	14.30*	15.00	31
32 INITIAL PHYSIOTHERAPY					16.60*	16.60*	13.30	32
33 F/U POOIATRIC OFFICE VISIT					16.60*	15.00*	13.30*	33
34 ELECTROCAROIOGRAM (EKG)	30.00	25.00	30.00		30.00	28.00	30.00	34
35 EKG-INTERPRET AND REPORT ONLY	15.00	15.00	15.00		10.00	24.90*	8.30+	35
36 SPIROMETRY					25.00	25.00	25.00	36
37 ELECTROENCEPHALOGRAM (EEG)					58.00*	65.00	66.30*	37
38 CHEMOTHERAPY					24.90*	19.90*	28.50	38
39 COLLECTION OF SPECIMENS					3.00	3.00	3.00	39
40 DEBRIDEMENT OF NAILS					00.00+	FO 00	58 00±	40
41 SKIN BIOPSY 42 CHEMOCAUTERY					82.90*	50.00	58.00*	41
43 RADICAL MASTECTOMY					24.90*	24.90*	24.90*	42 43
44 OPEN REDUCTION OF FRACTURE					887.00*	829.00*	663.20*	43
45 ARTHROCENTESIS-MAJOR JOINT	33.20*	19.90	30.00		1243.50* 33.20*	994.80* 40.00*	994.80* 33.20*	45
46 CORONARY ARTERY BYPASS	33.20+	15.50	30.00		4375.00+	4300.00*	3375.00*	46
47 TOTAL ARTIFICIAL HIP REPLACE					1350.00	1144.00	994.80	47
48 NEEOLE PUNCTURE OF BURSA					25.00	24.90*	26.00	48
49 BRONCHOSCOPY					248.70*	290.20	182.40+	- 49
50 THORACENTESIS					58.00*	58.00+	58.00*	50
51 CATHERIZATION OF HEART					497.40+	497.40*	497.40+	51
52 INSERTION OF PACEMAKER					1082.70	1077.70+	829.00	52
53 PARTIAL COLECTOMY					1243.50+	1160.60*	994.80*	53
54 APPENOECTOMY	646.60	538.90	538.90		522.30*	530.60*	456.00*	54
55 SIGMOIOOSCOPY					55.00	55.00	53.00	55

1981 PREVAILING CHARGE SUMMARY		OATA PRUOENTIAL INSURANCE COMPANY LOCALITY OESIGNATION FOR GENERAL PRACTICE			NEW JERSEY LOCALITY OESIGNATION FOR SPECIALIST		
PROCEOURE DESCRIPTION	01	02	03	01	02	03	
56 HEMORRHOIOECTOMY				414.50*	331.60	373.10	56
57 CHOLECYSTECTOMY				829.00*	779.30*	663.20*	57
58 REPAIR HERNIA				514.00*	497.40*	414.50*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	80.00	58.00	58.00	74.60*	82.90*	66.30*	59
O OILATION OF URETHRA				24.90*	30.00	24.90*	60
1 PROSTATECTOMY - SUPRAPUBIC				1210.50*	990.00	870.50*	61
2 ELECTROSECTION-PROSTATE (TUR)	911.90*	911.90*	911.90*	994.80*	1060.00	829.00*	62
3 HYSTERECTOMY				1000.00	829.00*	787.60	63
4 INITIAL COMPLETE EYE EXAM				28.00	28.00	25.00	64
5 COMPREHENSIVE EYE EXAM				62.50*	60.50*	61.50*	65
6 EYE EXAM WITH TONOMETRY				28.00	28.00	25.00 °	66
7 EXTRACTION OF LENS	911.90*	911.90*	911.90	994.80*	829.00*	829.00*	67
8 CHEST X-RAY - SINGLE VIEW	24.90*	24.90*	22.00	30.00	25.00	25.00	68
9 CHEST X-RAY - TWO VIEWS	31.00	24.90*	25.00*	33.00	30.00	30.00	69
O X-RAY SPINE	31.00	24.90	23.00+	45.00	49.70*	50.00	70
1 X-RAY HIP				40.00	32.00	33.20*	71
	70.00	70.00	66 30				72
72 X-RAY UPPER GI TRACT 73 X-RAY COLON	70.00	70.00	66.30	82.00 73.00*	67.00 61.00	66.30* 65.00	73
	20.00	20.00	30.00				
74 RADIATION THERAPY-LOW VOLT	30.00	30.00	30.00	30.00	30.00	23.00	74
75 RADIATION THERAPY-SUPER VOLT	40.00	40.00	40.00	40.00	40.00	38.80*	75
76 RADIATION THERAPY-MEGAVOLT				30.00	30.00	23.00	76
77 CAT SCAN - HEAD				325.00	325.00	325.00	77
8 CAT SCAN - ABOOMEN				350.00	350.00	350.00	78
9 THREE CHEMISTRY TESTS				10.00	10.00	10.00	79
O NINETEEN CHEMISTRY TESTS				16.00	16.00	16.00	80
11 CULTURE - OTHER THAN BLOOD				10.00	10.00	10.00	81
2 HEMOGLOBIN				2.00L	2.00L	2.00L	82
3 AUTOMATEO BLOOD COUNT				2.00L	2.00L	2.00L	83
4 WHITE CELL COUNT				3.00L	3.00L	3.00L	84
5 COMPLETE BLOOD COUNT (CBC)				6.00L	6.00L	6.00L	85
6 CHOLESTEROL TEST				5.10L	5.10L	5 . 10L	86
37 FLOCCULATION TEST				5.40	5.40	5.40	87
88 HEMATOCRIT				3.00L	3.00L	3.00L	88
9 PLATELET COUNT (REES-ECKER)				6.00	6.00	6.00	89
OO POTASSIUM TEST - BLOOD				7.00	7.00	7.00	90
1 PROTHROMBIN TIME TEST				5.20L	5.20L	5.20L	91
22 SECIMENTATION RATE				5.00L	5.00L	5.00L	92
3 BLOOO SUGAR				4.00L	4.00L	4.00L	93
94 BUN-UREA - NITROGEN				4.00L	4.00L	4.00L	94
95 URIC ACIO				4.00L	4.00L	4.00L	95
6 FECES-OCCULT BLOOD-SCREENING				5.00	5.00	5.00	96
7 PAP TEST				6.10L	6.10L	6.10L	97
8 ROUTINE URINALYSIS				4.30L	4.30L	4.30L	98
99 CHEMICAL URINALYSIS				4.30L	4.30L	4.30L	99
OO PATHOLOGY - THREE SPECIMENS				20.00	20.00	20.00	100
1 ELEC MONITORING-PACEMAKER				50.00	50.00	50.00	101
2 OONOR NEPHRECTOMY-UNILATERAL				2900.00*	2980.00*	2460.00*	102
OS KIONEY TRANSPLANT				1250.00	1235.10*	1235. 10*	103
04 HOSPITAL BEO - RENTAL				50.00	50.00	50.00	104
05 WALKER - RENTAL				15.00	15.00	15.00	105
D6 WHEELCHAIR - RENTAL				25.00	25.00	25.00	105
07 LIQUIO OXYGEN - RENTAL				25.00	25.00	25.00	107
OF HOSPITAL BEO - BUDGHASE				478 00	478 00	478 00	108

108 HOSPITAL BEO - PURCHASE

110 WHEELCHAIR - PURCHASE

109 WALKER - PURCHASE

478.00

35.00

234.00

478.00

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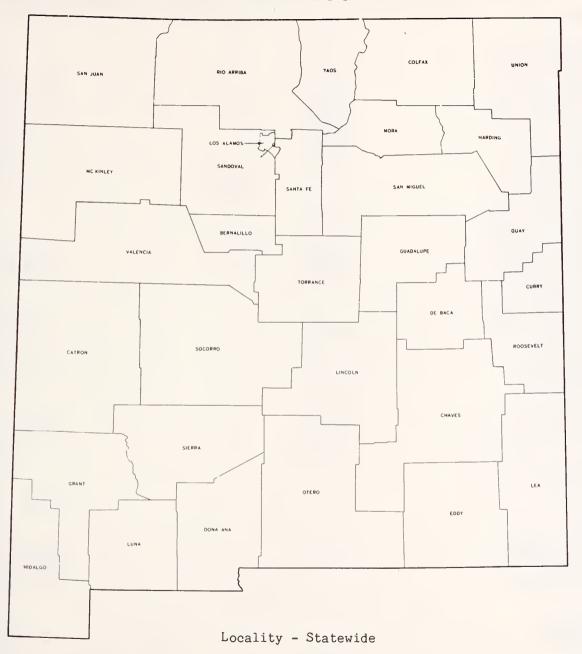
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NEW MEXICO

# **NEW MEXICO**

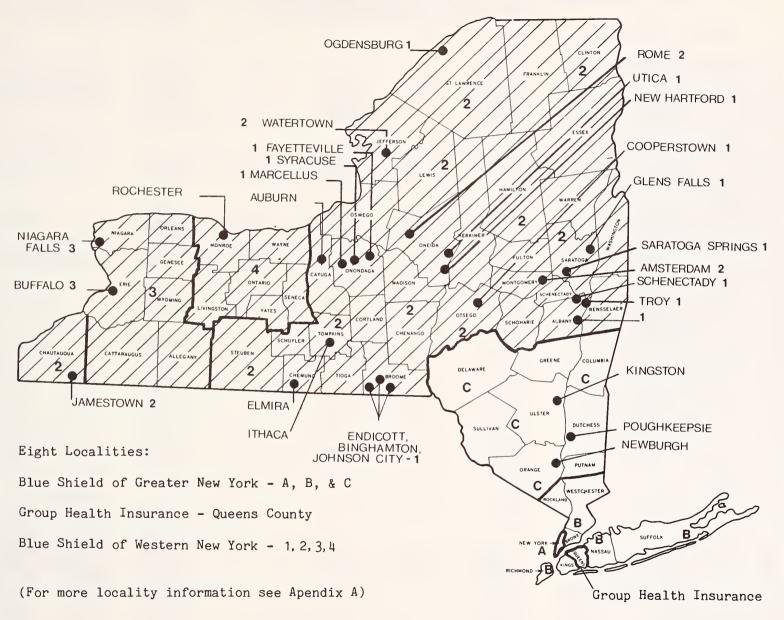


PROCEOURE DESCRIPTION	SINGLE	SINGLE	
1 INITIAL BRIEF OFFICE VISIT		21.60*	1
2 INITIAL LIMITEO OFFICE VISIT	31.20	33.28*	2
3 INITIAL INTERMED OFFICE VISIT		33.28*	3
4 INITIAL COMP OFFICE VISIT	35.00	60.60*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	6.80*	9.50*	5
6 BRIEF FOLLOWUP OFFICE VISIT	12.10*	13.80*	6
7 LIMITEO FOLLOWUP OFFICE VISIT	15.68	18.90*	7
8 INTERMEDIATE F/U OFFICE VISIT	15.00	33.90*	8
9 EXTENOEO F/U OFFICE VISIT	28.00	37.00*	9
10 COMP FOLLOWUP OFFICE VISIT	33.80	56.00*	10
11 BRIEF FOLLOWUP HOME VISIT	17.20*	26.00*	- 11
12 LIMITEO FOLLOWUP.HOME VISIT		31.20	12
13 INTERMOIATE F/U HOME VISIT	36.80*	37.75	13
14 EXTENDED CARE FACILITY VISIT		12.90*	14
15 BRIEF F/U NURSING HOME VISIT	12.10*	13.80*	15
16 INITIAL BRIEF HOSPITAL VISIT	26.00*	34.50*	16
17 INIT INTERMED HOSPITAL VISIT		45.70*	17
18 INITIAL COMP HOSPITAL VISIT	58.00	64.80*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	10.40*	12.90*	19
20 LIMITEO F/U HOSPITAL VISIT	17.20*	18.60*	20
21 INTERMEO F/U HOSPITAL VISIT	24.40	24.40	21
22 EXTENDED F/U HOSPITAL VISIT		36.40	22
23 BRIEF EMERGENCY ROOM VISIT		21.60*	23
24 LIMITEO EMERGENCY ROOM VISIT		26.08 P	24
25 INTERMEO EMERGENCY ROOM VISIT		33.25 P	25
26 LIMITEO CONSULTATION	26.00*	37.00*	26
27 EXTENSIVE CONSULTATION		51.70*	27
28 COMPREHENSIVE CONSULTATION		69 . 10*	28
29 PSYCHOTHERAPY-ONE HOUR		41.75*	29
30 PSYCHOTHERAPY-HALF HOUR		26.06	30
31 CHIROPRACTIC OFFICE VISIT	11.00*	11.50*	31
32 INITIAL PHYSIOTHERAPY		27.10	32
33 F/U PODIATRIC OFFICE VISIT 34 ELECTROCAROIOGRAM (EKG)		13.80*	33
34 ELECTROCAROIOGRAM (EKG) 35 EKG-INTERPRET AND REPORT ONLY	26.00*	26.10*	34
35 EKG-INTERPRET AND REPORT UNLY	13.30*P	13.30*P	35
36 SPIROMETRY		36.40	36
37 ELECTROENCEPHALOGRAM (EEG)		64.75*	37
38 CHEMOTHERAPY			38
39 COLLECTION OF SPECIMENS		3.00	39
40 DEBRIOEMENT OF NAILS		.8.32	40
41 SKIN BIOPSY		27.50*	41
42 CHEMOCAUTERY		17.20*	42
43 RAOICAL MASTECTOMY 44 OPEN REOUCTION OF FRACTURE		826.30*	43
45 ARTHROCENTESIS-MAJOR JOINT	20.90	864.30*	44
46 CORONARY ARTERY BYPASS	20.90	26.00* 31.59*	45
47 TOTAL ARTIFICIAL HIP REPLACE		1985.50*	47
48 NEEOLE PUNCTURE OF BURSA		25.30	48
49 BRONCHOSCOPY		208.00	49
50 THORACENTESIS		43.20*	50
51 CATHERIZATION OF HEART		500.00	51
52 INSERTION OF PACEMAKER		1276.02	52
53 PARTIAL COLECTOMY		950.00	53
54 APPENDECTOMY	427.50*	465.80*	54
55 SIGMOIOOSCOPY		36.40	55

	PROCEOURE OESCRIPTION	SINGLE	SINGLE	
56	HEMORRHOIOECTOMY		337.60*	56
	CHOLECYSTECTOMY		689.90*	57
	REPAIR HERNIA		428.50*	58
	OIAGNOSTIC CYSTOURETHROSCOPY	60.50*	60.50*	59
	OILATION OF URETHRA	00.30*	17.20*	60
	PROSTATECTOMY - SUPRAPUBIC		832.00	61
	ELECTROSECTION-PROSTATE (TUR)	877.90*	877.90*	62
	HYSTERECTOMY	877.90*	822.70*	63
	INITIAL COMPLETE EYE EXAM		23.40*	64
	COMPREHENSIVE EYE EXAM		23.40*	65
	EYE EXAM WITH TONOMETRY			66
	EXTRACTION OF LENS	807.50*	11.80* 807.50*	67
	CHEST X-RAY - SINGLE VIEW	18.90*		68
	CHEST X-RAY - TWO VIEWS	26.00*	19.29 26.10*	69
	X-RAY SPINE	20.00*	34.50*	70
	X-RAY HIP			71
		E1 10÷	34.50*	
	X-RAY UPPER GI TRACT	54.40*	75.80*	72
	X-RAY COLON	24 60÷	60.50*	73
	RADIATION THERAPY - LOW VOLT	21.60*	21.60*	74
	RADIATION THERAPY-SUPER VOLT	20.40	20.40	75 76
	RADIATION THERAPY-MEGAVOLT		0.40. 75	76
	CAT SCAN - HEAD		312.75	77
	CAT SCAN - ABOOMEN		312.75	78
	THREE CHEMISTRY TESTS		9.36	79
	NINETEEN CHEMISTRY TESTS		11.96	80
	CULTURE - OTHER THAN BLOOD		11.96	81
	HEMOGLOBIN		3.14	82
	AUTOMATEO BLOOD COUNT		0.50	83
	WHITE CELL COUNT		3.50	84
	COMPLETE BLOOD COUNT (CBC)		9.00	85
	CHOLESTEROL TEST		6.80	86
	FLOCCULATION TEST		5.78	87
	HEMATOCRIT		23.46	88
	PLATELET COUNT (REES-ECKER)		8.95	89
	POTASSIUM TEST - BLOOD		10.20	90
	PROTHROMBIN TIME TEST		6.91	91
	SEDIMENTATION RATE		3.75	92
	BLOOO SUGAR		6.78	93
	BUN-UREA - NITROGEN		6.80	94
	URIC ACIO		7.21	95
	FECES-OCCULT BLOOD-SCREENING		5.20	96
	PAP TEST		8.34	97
	ROUTINE URINALYSIS		4.42	98
	CHEMICAL URINALYSIS		5.00	99
	PATHOLOGY - THREE SPECIMENS		31.20	100
	ELEC MONITORING-PACEMAKER		38.60*	101
	OONOR NEPHRECTOMY-UNILATERAL		1127.98	102
	KIONEY TRANSPLANT		1353.57	103
	HOSPITAL BEO - RENTAL		31.20	104
	WALKER - RENTAL		5.20	105
	WHEELCHAIR - RENTAL		15.60	106
	LIQUIO OXYGEN - RENTAL		70.72	107
	HOSPITAL BEO - PURCHASE		427.50	108
	WALKER - PURCHASE		42.69	109
110	WHEELCHAIR - PURCHASE			110

NEW YORK

#### **NEW YORK**



1981 PREVAILING CHARGE SUMMARY DATA B/C-B/S OF GREATER NEW YORK DATA B/C-B/S OF GREATER NEW YORK

LOCALITY DESIGNATION FOR GENERAL PRACTICE

LOCALITY DESIGNATION FOR SPECIALIST

PROCEOURE DESCRIPTION	Α	В	С	Α	В	С	
1 INITIAL BRIEF OFFICE VISIT 2 INITIAL LIMITEO OFFICE VISIT 3 INITIAL INTERMEO OFFICE VISIT				58.00*		33.20*	1 2 3
4 INITIAL COMP OFFICE VISIT	33.20*	29.00	24.90*	58.00*	41.50*	41.50*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	19.90*		13.30*	33.20*		16.60*	5
6 BRIEF FOLLOWUP OFFICE VISIT	25.00*		16.60*	49.70*		40.00	6
7 LIMITEO FOLLOWUP OFFICE VISIT							7
8 INTERMEDIATE F/U OFFICE VISIT	00.00+	0.4.00+	00.00	44 504	22 20+	20.00	8
9 EXTENDED F/U OFFICE VISIT 10 COMP FOLLOWUP OFFICE VISIT	29.80*	24.90*	20.00	41.50*	33.20*	30.00	9 10
11 BRIEF FOLLOWUP HOME VISIT	24.90*	24.20*	17.00*	41.50*	24.90*	24.90*	11
12 LIMITEO FOLLOWUP HOME VISIT	24.50	24.20			2	24.50	12
13 INTERMOIATE F/U HOME VISIT							13
14 EXTENDED CARE FACILITY VISIT				33.20*		20.00+	14
15 BRIEF F/U NURSING HOME VISIT	19.90*	16.10*	13.30*	33.20*	23.60*	16.60*	15
16 INITIAL BRIEF HOSPITAL VISIT	33.20*		24.90*	58.00*		49.70*	16
17 INIT INTERMEO HOSPITAL VISIT							17
18 INITIAL COMP HOSPITAL VISIT	24 00+	40.00+	16 60+	40.00	24 00+	22 20+	18 19
19 BRIEF FOLLOWUP HOSPITAL VISIT 20 LIMITEO F/U HOSPITAL VISIT	24.90*	19.90*	16.60*	40.00	24.90*	23.20*	20
21 INTERMEO F/U HOSPITAL VISIT							21
22 EXTENDED F/U HOSPITAL VISIT							22
23 BRIEF EMERGENCY ROOM VISIT				30.00*		24.90*	23
24 LIMITED EMERGENCY ROOM VISIT							24
25 INTERMEO EMERGENCY ROOM VISIT							25
26 LIMITEO CONSULTATION	82.90*		41.50*	82.90*		58.00*	26
27 EXTENSIVE CONSULTATION 28 COMPREHENSIVE CONSULTATION				99.50*		82.90*	27 28
29 PSYCHOTHERAPY-ONE HOUR				60.00	50.00	35.00	29
30 PSYCHOTHERAPY-HALF HOUR				00.00	30.00	33.00	30
31 CHIROPRACTIC OFFICE VISIT	13.10*	14.10*	10.90*	8.00	12.00	8.00	31
32 INITIAL PHYSIOTHERAPY				24.90*	16.60*	13.30*	32
33 F/U PODIATRIC OFFICE VISIT				33.20		16.60*	33
34 ELECTROCAROIOGRAM (EKG)	26.10*	32.30*	30.00	35.00	33.30*	30.00	34
35 EKG-INTERPRET AND REPORT ONLY	10.40*		12.00*	14.00*	40.00	12.00+	35
36 SPIROMETRY 37 ELECTROENCEPHALOGRAM (EEG)				42.80* 85.00	40.00 73.60*	35.00 58.00*	<b>36</b> 37
38 CHEMOTHERAPY				45.00	73.60*	35.00	38
39 COLLECTION OF SPECIMENS				43.00		00.00	39
40 DEBRIOEMENT OF NAILS				33.20*	23.60*	16.60*	40
41 SKIN BIOPSY				58.00*	50.60*	45.00*	41
42 CHEMOCAUTERY				74.60*	70.00	40.00	42
43 RADICAL MASTECTOMY				1661.70*	1500.00	1125.00	43
44 OPEN REDUCTION OF FRACTURE	25 00	20 60+	25 00+	2155.40*	1605.40*	1243.50*	44
45 ARTHROCENTESIS-MAJOR JOINT 46 CORONARY ARTERY BYPASS	35.00	39.60*	25.00*	58.00* 4200.00	41.50* 4500.00	45.00 4250.00	45 46
47 TOTAL ARTIFICIAL HIP REPLACE				3316.00*	25 12 . 20*	2252.90*	47
48 NEEOLE PUNCTURE OF BURSA				58.00*	38.30	42.50	48
49 BRONCHOSCOPY				331.60*	290.80*	248.70*	49
50 THORACENTESIS				107.80*	122.90*	66.30*	50
51 CATHERIZATION OF HEART							51
52 INSERTION OF PACEMAKER				1243.50*	1350.00	1409.30*	52
53 PARTIAL COLECTOMY 54 APPENDECTOMY	580.30	746.10*	497.40*	2072.50*	1612.20+	1243.50*	53 54
55 SIGMOIDOSCOPY	380.30	746.10*	497.40*	911.90* 58.00*	743.60* 41.80*	497.40* 49.70*	55
55 5.4m51555501 1				30.00*	41.00*	43.70	33

	PROCEDURE DESCRIPTION	A	В	С	Α	В.	С	
56	HEMORRHOIDECTOMY				746.10*	616.80*	400.00*	56
57	CHOLECYSTECTOMY				1409.30*	1027.50*	746.10*	57
58	REPAIR HERNIA				900.00	663.20*	497.40*	58
59	DIAGNOSTIC CYSTOURETHROSCOPY	132.60*P	75.00*P	74.60*P	132.60*	120.50*	82.90*	59
60	DILATION OF URETHRA				41.50*	40.00	24.90*	60
61	PROSTATECTOMY - SUPRAPUBIC				1658.00*	1314.60*	1069.40*	61
	ELECTROSECTION-PROSTATE (TUR)	1326.40*P	1243.50*P	1243.50*P	1367.90*	1243.50*	1243.50*	62
63	HYSTERECTOMY				1409.30*	1223.40*	911.90*	63
	INITIAL COMPLETE EYE EXAM				41.50*	33.20*	35.00	64
	COMPREHENSIVE EYE EXAM				32.50*		27.90*	65
	EYE EXAM WITH TONOMETRY				33.20*	23.60*	16.60*	66
	EXTRACTION OF LENS	648.00*P	787.40 P	740.10*P	1155.60*	1052.25*	861.60*	67
	CHEST X-RAY - SINGLE VIEW	30.00 P	24.90*P	24.90*P	33.20*	30.00	24.90*	68
	CHEST X-RAY - TWO VIEWS							69
	X-RAY SPINE				74.60*	60.00	54.00	70
	X-RAY HIP,		100.00.0		50.00	50.00	35.00	71
	X-RAY UPPER GI TRACT	120.00 P	103.80*P	85.60*P	124.40*	105.00	75.00	72
	X-RAY COLON	04.00.0	00.00.0	00 50 5	124.40*	100.00	70.00	73
	RADIATION THERAPY-LOW VOLT	24.90*P	28.00*P	22.50 P	50.00	35.00	22.50	74
	RADIATION THERAPY-SUPER VOLT	18.20*P	41.50*P	22.50 P	49.70*	41.50*	22.50	75 76
	RADIATION THERAPY-MEGAVOLT				225.00	212.90*	102.20*	76 77
	CAT SCAN - HEAO CAT SCAN - ABOOMEN				273.20*	240.20*	193.00*	78
	THREE CHEMISTRY TESTS				10.00L	10.00L	10.00L	79
	NINETEEN CHEMISTRY TESTS				23.00L	23.00L	23.00L	80
	CULTURE - OTHER THAN BLOOD				15.00L	15.00L	14.00L	81
	HEMOGLOBIN				3.00L	3.00L	2.50L	82
	AUTOMATED BLOOD COUNT				0.002	0.002	2.002	83
	WHITE CELL COUNT				3.00L	3.00L	3.00L	84
	COMPLETE BLOOD COUNT (CBC)				7.00L	6.00L	7.00L	85
	CHOLESTEROL TEST				5.00L	5.00L	5.00L	86
	FLOCCULATION TEST				5.00L	7.00L	7.00L	87
	HEMATOCRIT				3.00L	3.00L	3.00L	88
	PLATELET COUNT (REES-ECKER)				8.00L	7.00L	7.00L	89
90	POTASSIUM TEST - BLOOD				8.00L	8.00L	8.00L	90
91	PROTHROMBIN TIME TEST							91
92	SECIMENTATION RATE				5.00L	5.00L	5.00L	92
93	BLOOD SUGAR				5.00L	5.00L	5.00L	93
	BUN-UREA - NITROGEN				8.00L	7.50L	8.00L	94
	URIC ACID				8.00L	8.00L	8.00L	95
	FECES-OCCULT BLOOD-SCREENING				6.00L	5.50L	5.00L	96
	PAP TEST				6.00L	6.00L	5.00L	97
	ROUTINE URINALYSIS				5.00L	5.00L	3.00L	98
	CHEMICAL URINALYSIS				25 221	25 001	00.001	99
	PATHOLOGY - THREE SPECIMENS				25.00L	25.00L	20.00L	100
	ELEC MONITORING-PACEMAKER				10.00	10.00	10.00	101
	DONOR NEPHRECTOMY-UNILATERAL				1658.00*		1575.10*	102
	KIDNEY TRANSPLANT				2023.50*\` 46.00L	50.00L	2211.80* 46.00L	103 104
	HOSPITAL BEO - RENTAL				12.00L	12.00L	12.00L	105
	WALKER - RENTAL WHEELCHAIR - RENTAL				25.00L	25.00L	25.00L	106
	LIQUID OXYGEN - RENTAL				120.00L	120.00L	120.00L	107
	HOSPITAL BEO - PURCHASE				300.00L	300.00L	300.00L	108
	WALKER - PURCHASE				33.50L	33.50L	33.50L	109
	WHEELCHAIR - PURCHASE				215.00L	215.00L	215.00L	110
. 10	. TOROTAGE				2 : 2 : 3 : 2 :			

PROCEOURE DESCRIPTION	SINGLE	SINGLE
1 INITIAL BRIEF OFFICE VISIT 2 INITIAL LIMITEO OFFICE VISIT 3 INITIAL INTERMEO OFFICE VISIT 4 INITIAL COMP OFFICE VISIT 5 MINIMAL FOLLOWUP OFFICE VISIT 6 BRIEF FOLLOWUP OFFICE VISIT	29.00	41.50* 1 2 3 41.50*
7 LIMITEO FOLLOWUP OFFICE VISIT 8 INTERMEDIATE F/U OFFICE VISIT 9 EXTENDED F/U OFFICE VISIT 10 COMP FOLLOWUP OFFICE VISIT	24.90*	33.20* 9
11 BRIEF FOLLOWUP HOME VISIT 12 LIMITEO FOLLOWUP HOME VISIT 13 INTERMOIATE F/U HOME VISIT 14 EXTENDED CARE FACILITY VISIT	24.20*	24.90* 11 12 13
15 BRIEF F/U NURSING HOME VISIT 16 INITIAL BRIEF HOSPITAL VISIT 17 INIT INTERMEO HOSPITAL VISIT 18 INITIAL COMP HOSPITAL VISIT	16.10*	23.60* 15 16 17
19 BRIEF FOLLOWUP HOSPITAL VISIT 20 LIMITEO F/U HOSPITAL VISIT 21 INTERMEO F/U HOSPITAL VISIT 22 EXTENDED F/U HOSPITAL VISIT 23 BRIEF EMERGENCY ROOM VISIT 24 LIMITEO EMERGENCY ROOM VISIT	19.90*	24.90* 19 20 21 22 23 24
25 INTERMEO EMERGENCY ROOM VISIT 26 LIMITEO CONSULTATION 27 EXTENSIVE CONSULTATION 28 COMPREHENSIVE CONSULTATION 29 PSYCHOTHERAPY-ONE HOUR		25 26 27 28 50.00
30 PSYCHOTHERAPY-HALF HOUR 31 CHIROPRACTIC OFFICE VISIT 32 INITIAL PHYSIOTHERAPY 33 F/U POOIATRIC OFFICE VISIT	14.10*	12.00 31 16.60* 32
34 ELECTROCAROIOGRAM (EKG) 35 EKG-INTERPRET AND REPORT ONLY 36 SPIROMETRY 37 ELECTROENCEPHALOGRAM (EEG)	32.30*	33.30* 34 35 40.00 36 73.60* 37
38 CHEMOTHERAPY 39 COLLECTION OF SPECIMENS 40 OEBRIOEMENT OF NAILS 41 SKIN BIOPSY 42 CHEMOCAUTERY 43 RADICAL MASTECTOMY 44 OPEN REDUCTION OF FRACTURE 45 ARTHROCENTESIS-MAJOR JOINT 46 CORONARY ARTERY BYPASS 47 TOTAL ARTIFICIAL HIP REPLACE 48 NEEOLE PUNCTURE OF BURSA 49 BRONCHOSCOPY 50 THORACENTESIS 51 CATHERIZATION OF HEART	39.60*	38 39 . 23.60* 40 50.60* 41 70.00 42 1500.00 43 1605.40* 44 41.50* 45 4500.00 46 2512.20* 47 38.30 48 290.80* 49 122.90* 50
52 INSERTION OF PACEMAKER 53 PARTIAL COLECTOMY 54 APPENDECTOMY 55 SIGMOIOOSCOPY	746.10*	1350.00 52 1612.20* 53 743.60* 54 41.80* 55

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	PROCEOURE DESCRIPTION	SINGLE	SINGLE	
56	HEMORRHOIOECTOMY		616.80*	56
	CHOLECYSTECTOMY		1027.50*	57
	REPAIR HERNIA		663.20*	58
	OIAGNOSTIC CYSTOURETHROSCOPY	75.00*	120.50*	59
	DILATION OF URETHRA	73.00	40.00	60
	PROSTATECTOMY - SUPRAPUBIC		1314.60*	61
	ELECTROSECTION-PROSTATE (TUR)	1243.50*	1243.50*	62
	HYSTERECTOMY	1240.30	1223.40*	63
	INITIAL COMPLETE EYE EXAM		33.20*	64
	COMPREHENSIVE EYE EXAM		55.20	65
	EYE EXAM WITH TONOMETRY		23.60*	66
	EXTRACTION OF LENS	787.40	1052.25*	67
	CHEST X-RAY - SINGLE VIEW	24.90*	30.00	68
	CHEST X-RAY - TWO VIEWS	24.30*	30.00	69
	X-RAY SPINE		60.00	70
	X-RAY HIP		50.00	71
	X-RAY UPPER GI TRACT	103.80*	105.00	72
	X-RAY COLON	103.80*	100.00	73
	RADIATION THERAPY-LOW VOLT	28.00*	35.00	74
	RADIATION THERAPY-SUPER VOLT	41.50*	41.50*	75
	RADIATION THERAPY-MEGAVOLT	41.50*	41.30	76
	CAT SCAN - HEAD		212.90*	77
			240.20*	78
	CAT SCAN - ABOOMEN THREE CHEMISTRY TESTS		10.00L	79
			23.00L	80
	NINETEEN CHEMISTRY TESTS CULTURE - OTHER THAN BLOOO		15.00L	81
			3.00L	82
	HEMOGLOBIN		3.000	83
	AUTOMATED BLOOD COUNT		3.00L	84
	WHITE CELL COUNT		6.00L	85
	COMPLETE BLOOD COUNT (CBC)			86
	CHOLESTEROL TEST		5.00L 7.00L	87
	FLOCCULATION TEST		3.00L	88
	HEMATOCRIT		7.00L	89
	PLATELET COUNT (REES-ECKER)		8.00L	90
	POTASSIUM TEST - BLOOD		8.000	91
	PROTHROMBIN TIME TEST		5.00L	92
	SEOIMENTATION RATE		5.00L	93
	BLOOD SUGAR		7.50L	94
	BUN-UREA - NITROGEN		8.00L	95
	URIC ACIO		5.50L	96
	FECES-OCCULT BLOOD-SCREENING		6.00L	97
	PAP TEST		5.00L	98
	ROUTINE URINALYSIS		3.00L	99
	CHEMICAL URINALYSIS		25.00L	100
	PATHOLOGY - THREE SPECIMENS		₹ 10.00	101
	ELEC MONITORING-PACEMAKER		10.00	102
	OONOR NEPHRECTOMY-UNILATERAL			103
	KIONEY TRANSPLANT		50.00L	104
	HOSPITAL BEO - RENTAL		12.00L	105
	WALKER - RENTAL		25.00L	106
	WHEELCHAIR - RENTAL		120.00L	107
	LIQUIO OXYGEN - RENTAL		300.00L	108
	HOSPITAL BED - PURCHASE		33.50L	109
	WALKER - PURCHASE		215.00L	110
110	WHEELCHAIR - PURCHASE	-/0	213.000	110

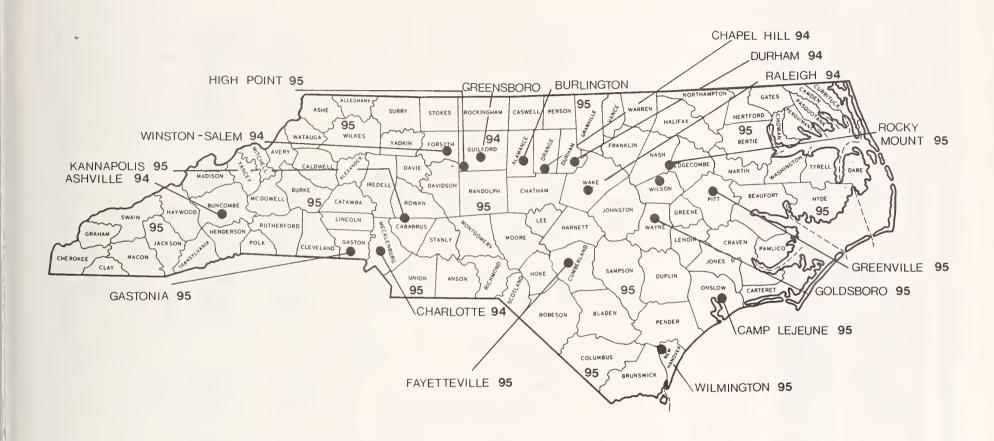
## NEW YORK COMBINED LOCALITY DESIGNATION

PROCEOURE DESCRIPTION	I	II	111	IV	
1 INITIAL BRIEF OFFICE VISIT	11.70*	16.60*	15.00	12.30*	1
2 INITIAL LIMITEO OFFICE VISIT	21.00	21.90*	20.00	15.00	2
3 INITIAL INTERMED OFFICE VISIT	40.00	49.70*	40.00	30.00	3
4 INITIAL COMP OFFICE VISIT	71.50	59.50*	58.00	45.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT	,,,,,	03.00	50.00	40.00	5
6 BRIEF FOLLOWUP OFFICE VISIT	11.70*	16.60*	15.00	12.30*	6
7 LIMITEO FOLLOWUP OFFICE VISIT	16.50	17.90*	17.60*	15.00	7
8 INTERMEDIATE F/U OFFICE VISIT	22.00	22.00	20.00	18.00	8
9 EXTENDED F/U OFFICE VISIT	26.00	39.60*	22.00	23.10	9
10 COMP FOLLOWUP OFFICE VISIT		49.60*	44.40*		
	55.00			30.00	10
11 BRIEF FOLLOWUP HOME VISIT	23.30*	20.00	17.70*	16.60*	11
12 LIMITED FOLLOWUP HOME VISIT	30.00	28.00	25.00	20.00	12
13 INTERMOIATE F/U HOME VISIT	38.50	56.50*	25.00	20.00	13
14 EXTENDED CARE FACILITY VISIT	11.70*	15.90*	15.00	13.80*	14
15 BRIEF F/U NURSING HOME VISIT	11.70*	13.30*	16.70*	14.10*	15
16 INITIAL BRIEF HOSPITAL VISIT	35.00	30.40	27.70*	30.50*	16
17 INIT INTERMEO HOSPITAL VISIT	55.00	45.10*	43.90*	41.50*	17
18 INITIAL COMP HOSPITAL VISIT	71.50	71.50*	60.00	60.00	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	11.70*	13.30*	14.60*	12.10*	19
20 LIMITEO F/U HOSPITAL VISIT	17.00	22.75	18.20*	19.90*	20
21 INTERMEO F/U HOSPITAL VISIT					21
22 EXTENDED F/U HOSPITAL VISIT	45.00	29.80*	30.00	27.00	22
23 BRIEF EMERGENCY ROOM VISIT	11.70*	14.90*	15.00	9.30*	23
24 LIMITEO EMERGENCY ROOM VISIT	16.50	19.90*	20.00	16.60*	24
25 INTERMEO EMERGENCY ROOM VISIT	25.00	24.90*	30.00	33.00	25
26 LIMITED CONSULTATION	35.00*	34.50*	28.80+	26.20*	26
27 EXTENSIVE CONSULTATION	58.30*	70.90*	44.60*	41.50*	27
28 COMPREHENSIVE CONSULTATION	72.50	75.70*	65.00	64.30*	28
29 PSYCHOTHERAPY-ONE HOUR	73.00	54.50+	70.00	60.00*	29
30 PSYCHOTHERAPY-HALF HOUR	40.00	35.60*	24.90*		30
				24.90*	
31 CHIROPRACTIC OFFICE VISIT	12.00	14.90*	12.00	12.90+	31
32 INITIAL PHYSIOTHERAPY	11.70*	16.90+	13.10*	10.40*	32
33 F/U POOIATRIC OFFICE VISIT	11.70*	16.60*	15.00	12.30*	33
34 ELECTROCAROIOGRAM (EKG)	32.00	29.80*	28.00	29.50*	34
35 EKG-INTERPRET AND REPORT ONLY	17.25	29.80*	24.90*	19.10*	35
36 SPIROMETRY	33.00	30.00*	26.00	17.40*	36
37 ELECTROENCEPHALOGRAM (EEG)	70.00	64.50*	61.30*	70.00	37
38 CHEMOTHERAPY	26.10	19.90*	21.00	29.00*	38
39 COLLECTION OF SPECIMENS	3.00	4.00	5.00	4.00	39
40 DEBRIDEMENT OF NAILS	23.20*	20.00	15.00	16.00	40
41 SKIN BIOPSY	33.10*	35.00	35.00	35.00	41
42 CHEMOCAUTERY	47.00	46.80	43.80*	44.10*	42
43 RAOICAL MASTECTOMY	578.90*	588.00	761.00*	810.00	43
44 OPEN REDUCTION OF FRACTURE	827.00*	1050.00	961.60*	895.30*	44
45 ARTHROCENTESIS-MAJOR JOINT	24.80*	15.00	23.50*	24.90*	45
46 CORONARY ARTERY BYPASS	2400.00	2675.00	2987.90*	2640.50*	46
47 TOTAL ARTIFICIAL HIP REPLACE	1240.50*	1764.00	1813.20*	1725.50*	47
48 NEEOLE PUNCTURE OF BURSA	24.80*	26.00	23.00*	24.90*	48
49 BRONCHOSCOPY	165.40*	147.00	171.10+	158.20*	49
50 THORACENTESIS	41.40*	50.00	53.10+	41.50*	50
51 CATHERIZATION OF HEART	496.20+	478.40	520.00	478.40	51
52 INSERTION OF PACEMAKER	827.00*	1000.00	933.80*	943.10*	52
53 PARTIAL COLECTOMY	744.30	882.00	916.40	829.00	53
54 APPENDECTOMY	330.80*	348.20*	400.00	400.00	54
55 SIGMOIOOSCOPY					55
JJ JIGMOIOOJOUPT	40.00	30.00	38.60*	33.20*	22

PROCEOURE DESCRIPTION	I	11	III	ΙV	
56 HEMORRHOIOECTOMY	165.40*	69.60*	200.00	200.00	56
57 CHOLECYSTECTOMY	496.20*	539.00	650.00	596.90*	57
58 REPAIR HERNIA	289.50*	323.40	406.00*	368.60*	58
59 OIAGNOSTIC CYSTOURETHROSCOPY	66.20*	58.80	49.70*	55.00*	59
60 OILATION OF URETHRA	24.80*	20.00	19.90*	24.90*	60
61 PROSTATECTOMY - SUPRAPUBIC	661.60*	735.00	829.00*	795.80*	61
62 ELECTROSECTION-PROSTATE (TUR)	661.60*	735.00	795.80*	795.80*	62
63 HYSTERECTOMY	661.60*	637.00	798.00*	727.50*	63
64 INITIAL COMPLETE EYE EXAM	331.33	007.00	750.00	727.50	64
65 COMPREHENSIVE EYE EXAM	35.00	24.90*	30.00	33.20*	65
66 EYE EXAM WITH TONOMETRY	15.00	15.00	17.40*	11.10*	66
67 EXTRACTION OF LENS	661.60*	830.80*	795.80*	746.10*	67
68 CHEST X-RAY - SINGLE VIEW	20.00	24.00	23.00	20.70*	68
69 CHEST X-RAY - TWO VIEWS	30.00	35.00	30.00	30.80*	69
70 X-RAY SPINE	50.00	59.00	60.00	58.00	70
71 X-RAY HIP	34.00	46.00	38.50	34.00	71
72 X-RAY UPPER GI TRACT	70.00	81.00	72.30*	75.00	72
73 X-RAY COLON	60.00	81.00	61.80*	65.00	73
74 RAOIATION THERAPY-LOW VOLT	18.50	22.40*	18.20*	24.90*	74
75 RADIATION THERAPY-SUPER VOLT	27.00*	37.00	37.00	37.00	75
76 RADIATION THERAPY-MEGAVOLT	33.20	41.90	37.30	36.60	76
77 CAT SCAN - HEAO	168.50*	243.30*	325.00	278.00	77
78 CAT SCAN - ABOOMEN	189.30*	310.00	310.00	310.00	78
79 THREE CHEMISTRY TESTS	8.75	14.00	22.00	22.40	79
80 NINETEEN CHEMISTRY TESTS	20.00	18.75	22.50	30.00	80
81 CULTURE - OTHER THAN BLOOD	12.00*	13.50	12.00	15.00	81
82 HEMOGLOBIN	2.00	2.00	2.00	1.80	82
83 AUTOMATEO BLOOD COUNT	10.00L	7.50L	8.00L	7.00L	83
84 WHITE CELL COUNT	4.00L	3.00L	2.50L	3.00	84
85 COMPLETE BLOOD COUNT (CBC)	5.75	6.00	6.00	5.40	85
86 CHOLESTEROL TEST	7.00L	5.00L	5.00L	6.00L	86
87 FLOCCULATION TEST					87
88 HEMATOCRIT	2.00	2.00	2.00	1.80	88
89 PLATELET COUNT (REES-ECKER)	4.60*	6.75	7.50	6.00	89
90 POTASSIUM TEST - BLOOO	7.50*	5.50	6.00	8.00	90
91 PROTHROMBIN TIME TEST	6.00	5.00	5.00	3.50L	91
92 SECIMENTATION RATE	4.20	3.50L	4.00L	4.00L	92
93 BL000 SUGAR	6.00L	4.50L	5.00L	4.50L	93
94 BUN-UREA - NITROGEN	6.00L	5.00	5.00L	5.00L	94
95 URIC ACID	6.40L	5.00L	5.00L	6.00L	95
96 FECES-OCCULT BLOOD-SCREENING	3.00*	3.00	3.00	3.00	96
97 PAP TEST	8.00L	6.50	6.00L	5.00L	- 97
98 ROUTINE URINALYSIS	5.00L	3.50L	4.00L	3.00L	98
99 CHEMICAL URINALYSIS	3.00	5.00	4.50	2.90	99
100 PATHOLOGY - THREE SPECIMENS	25.00	20.20	35.00	25.00	100
101 ELEC MONITORING-PACEMAKER					101
102 OONOR NEPHRECTOMY-UNILATERAL					102
103 KIONEY TRANSPLANT					103
104 HOSPITAL BEO - RENTAL	45.00	37.50	37.20L	50.00L	104
105 WALKER - RENTAL	8.00	11.00	9.60	11.50	105
106 WHEELCHAIR - RENTAL	22.50	24.00	22.50L	20.00L	106
107 LIQUID OXYGEN - RENTAL	35.00	35.00	35.00	35.00	107
108 HOSPITAL BEO - PURCHASE	220.00L	220.00L	220.00L	220.00L	108
109 WALKER - PURCHASE	33.00	37.00	33.40	34.50	109
110 WHEELCHAIR - PURCHASE	195.00L	175.00L	190.00L	200.00L	110

NORTH CAROLINA

## NORTH CAROLINA



#### Two Localities:

Area 94 - Charlotte, Durhan, Greensboro, Winston-Salem, Raleigh, Asheville, Chapel Hill. (Locality determined by the city cited in the return address.)

Area 95 - All other cities not listed above and all rural areas.

PROCEDURE DESCRIPTION	94	95	94	95	
1 INITIAL BRIEF DFFICE VISIT					1
2 INITIAL LIMITED DFFICE VISIT					2
3 INITIAL INTERMED OFFICE VISIT					3
4 INITIAL CDMP DFFICE VISIT	49.00	45.00	75.00	59.70*	4
5 MINIMAL FOLLDWUP OFFICE VISIT		6.00	7.00	5.00*	5
6 BRIEF FDLLDWUP DFFICE VISIT	11.60*	10.00*	13.30*	11.60*	6
7 LIMITEO FOLLOWUP DFFICE VISIT	20.00	16.60*	22.00	16.60*	7
8 INTERMEDIATE F/U DFFICE VISIT	24.90*	14.90*	24.90*	19.90*	8
9 EXTENDED F/U DFFICE VISIT	21.00	18.00	41.50*	29.80*	9
10 CDMP FDLLDWUP DFFICE VISIT	35.00	40.00	35.00	40.00	10
11 BRIEF FDLLOWUP HDME VISIT	19.90*	16.60*	19.90*	16.60*	11
12 LIMITED FOLLOWUP HOME VISIT			30.00	20.00	12
13 INTERMDIATE F/U HDME VISIT					13
14 EXTENDED CARE FACILITY VISIT					14
15 BRIEF F/U NURSING HOME VISIT	11.60*	10.00*	13.30*	11.60*	15
16 INITIAL BRIEF HDSPITAL VISIT	25.00	24.90*	33.20*	33.20*	16
17 INIT INTERMED HOSPITAL VISIT			58.00*	56.00	17
18 INITIAL CDMP HDSPITAL VISIT	80.00	49.70*	90.00	59.70*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	11.60*	10.00*	16.60*	12.40*	19
20 LIMITED F/U HDSPITAL VISIT	24.90*	16.60*	33.20*	24.90*	20
21 INTERMED F/U HOSPITAL VISIT	12.40*	11.60*	16.60*	14.90*	21
22 EXTENOEO F/U HOSPITAL VISIT			33.20*	30.00	22
23 BRIEF EMERGENCY ROOM VISIT			24.90*	16.60*	23
24 LIMITED EMERGENCY RDDM VISIT					24
25 INTERMED EMERGENCY RDDM VISIT			49.70*	58.00*	25
26 LIMITEO CONSULTATION	24.90*	24.90*	24.90*	24.90*	26
27 EXTENSIVE CDNSULTATION			58.00*	49.70*	27
28 CDMPREHENSIVE CDNSULTATION			81.20*	69.60*	28
29 PSYCHDTHERAPY-DNE HOUR					29
30 PSYCHDTHERAPY-HALF HOUR					30
31 CHIRDPRACTIC DFFICE VISIT	11.60*	10.00*			31
32 INITIAL PHYSIDTHERAPY					32
33 F/U PDDIATRIC DFFICE VISIT					33
34 ELECTROCAROIOGRAM (EKG)	21.00	22.00	22.00	22.00	34
35 EKG-INTERPRET AND REPORT ONLY	10.00		12.00	11.60*	35
36 SPIROMETRY			25.50	15.00	36
37 ELECTROENCEPHALOGRAM (EEG)					37
38 CHEMOTHERAPY					38
39 CDLLECTION OF SPECIMENS			3.00	3.00	39
40 DEBRIDEMENT DF NAILS			11.60+	11.60*	40
41 SKIN BIDPSY			41.50*	35.00	41
42 CHEMDCAUTERY			16.60*	16.60*	42
43 RADICAL MASTECTOMY			750.00	696.40*	43
44 DPEN REDUCTION DF FRACTURE			911.90+	795.80*	44
45 ARTHRDCENTESIS-MAJDR JDINT	23.00	18.75*	16.00	25.00	45
46 CORONARY ARTERY BYPASS			3347.40+	3217.00*	46
47 TOTAL ARTIFICIAL HIP REPLACE			2000.00	1800.00	47
48 NEEDLE PUNCTURE DF BURSA			16.60+	16.60*	48
49 BRDNCHDSCDPY			199.00+	149.20+	49
50 THORACENTESIS			41.50+	35.30*	50
51 CATHERIZATION DF HEART			414.50+	414.50*	51
52 INSERTION OF PACEMAKER			1110.00	994.80*	52
53 PARTIAL COLECTOMY 54 APPENDECTDMY	414 504	414 50:	960.00	444.50+	53
55 SIGMOIOOSCOPY	414.50*	414.50+	431.10+	414.50*	54 55
33 31GMO1003COP1			37.00	33.20*	55

		EDUNCIII DEDICINII	DIV TOR GENERAL TRACTI	EDUALITY DESIGN	WATTEN FOR SPEC	IACIST
	PRDCEDURE DESCRIPTION	94	95	94	95	
56	HEMDRRHOIDECTDMY			400.00	298.40*	56
	CHDLECYSTECTOMY			660.00	596.90*	57
58	REPAIR HERNIA			414.50*	348.20*	58
59	DIAGNOSTIC CYSTOURETHROSCOPY	41.50	41.50			59
60	OILATION OF URETHRA					60
	PRDSTATECTDMY - SUPRAPUBIC					61
	ELECTROSECTION-PROSTATE (TUR)	830.00	830.00			62
	HYSTERECTDMY			787.60*	696.40*	63
	INITIAL COMPLETE EYE EXAM					64
	COMPREHENSIVE EYE EXAM EYE EXAM WITH TONOMETRY					65
	EXTRACTION OF LENS	746.10*	746.10*			66
	CHEST X-RAY - SINGLE VIEW	12.00	16.60*			67 68
	CHEST X-RAY - TWO VIEWS	21.00	24.00			69
	X-RAY SPINE	21.00	24.00			70
7.1	X-RAY HIP					71`
72	X-RAY UPPER GI TRACT	49.70*	58.00*			72
73	X-RAY CDLON					73
74	RADIATION THERAPY-LOW VOLT	23.00	21.00			74
75	RADIATION THERAPY-SUPER VOLT	24.90	25.50*			75
76	RADIATION THERAPY-MEGAVDLT					76
	CAT SCAN - HEAD					77
	CAT SCAN - ABDOMEN					78
	THREE CHEMISTRY TESTS			10.50	10.50	79
	NINETEEN CHEMISTRY TESTS			21.00	21.00	80
	CULTURE - DTHER THAN BLDDD			12.00	15.00	81
	HEMOGLDBIN			2.50L	2.50L	82
	WHITE CELL COUNT			' 3.00L	2 001	83
	CDMPLETE BLDDD COUNT (CBC)			7.00L	3.00L 7.00L	84 85
	CHOLESTEROL TEST			6.00L	6.00L	86
	FLOCCULATION TEST			5.50	6.75	87
	HEMATOCRIT			3.00L	3.00L	88
	PLATELET COUNT (REES-ECKER)			7.50	6.00	89
	PDTASSIUM TEST - BLODO			7.50	7.00	90
91	PRDTHRDMBIN TIME TEST			5.00L	5.00L	91
92	SEDIMENTATION RATE			5.00L	5.00L	92
93	BLDDD SUGAR			5.00L	5.00L	93
	BUN-UREA - NITRDGEN			5.00L	5.00L	94
	URIC ACID			5.00L	5.00L	95
	FECES-OCCULT BLODD-SCREENING			3.00	3.00	96
	PAP TEST			6.00L	6.00L	97
	ROUTINE URINALYSIS			3.00L	3.00L	98
	CHEMICAL URINALYSIS			3.50	3.00	99
	PATHDLDGY - THREE SPECIMENS ELEC MDNITORING-PACEMAKER			11.30*	9.60*	100 101
	DONOR NEPHRECTOMY-UNILATERAL			11.30*	9.00*	101
	KIDNEY TRANSPLANT					103
	HOSPITAL BEO - RENTAL					104
	WALKER - RENTAL					105
	WHEELCHAIR - RENTAL					106
	LIQUID DXYGEN - RENTAL					107
	HDSPITAL BED - PURCHASE					108
	WALKER - PURCHASE					109
110	WHEELCHAIR - PURCHASE					110

NORTH DAKOTA

# NORTH DAKOTA



One Locality - Statewide

55 SIGMOIOOSCOPY

## NORTH DAKOTA COMBINEO LOCALITY DESIGNATION

29.80\*

55

PROCEDURE DESCRIPTION	820	
1 INITIAL BRIEF OFFICE VISIT	16.50	1
2 INITIAL LIMITED OFFICE VISIT	30.00	2
3 INITIAL INTERMED OFFICE VISIT	30.00	3
4 INITIAL COMP OFFICE VISIT	50.00*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	8.20*	5
6 BRIEF FOLLOWUP OFFICE VISIT	9.90*	6
7 LIMITED FOLLOWUP OFFICE VISIT	15.00*	7
8 INTERMEDIATE F/U OFFICE VISIT	16.70*	8
9 EXTENDED F/U OFFICE VISIT	29.80*	9
10 COMP FOLLOWUP OFFICE VISIT	40.00*	10
11 BRIEF FOLLOWUP HOME VISIT	17.50*	11
12 LIMITED FOLLOWUP HOME VISIT	25.00*	12
13 INTERMOIATE F/U HOME VISIT	25.00*	13
14 EXTENDED CARE FACILITY VISIT	9.90*	14
15 BRIEF F/U NURSING HOME VISIT	9.90*	15
16 INITIAL BRIEF HOSPITAL VISIT	39.80*	16
17 INIT INTERMED HOSPITAL VISIT	53.90*	17
18 INITIAL COMP HOSPITAL VISIT	79.60*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	9.90*	19
20 LIMITED F/U HOSPITAL VISIT	19.90*	20
21 INTERMED F/U HOSPITAL VISIT	19.90*	21
22 EXTENDED F/U HOSPITAL VISIT	39.80*	22
23 BRIEF EMERGENCY ROOM VISIT	17.50*	23
24 LIMITED EMERGENCY ROOM VISIT	28.30*	24
25 INTERMED EMERGENCY ROOM VISIT	28.30*	25
26 LIMITED CONSULTATION	29.80*	26
27 EXTENSIVE CONSULTATION	53.90*	27
28 COMPREHENSIVE CONSULTATION	74.50*	28
29 PSYCHOTHERAPY-ONE HOUR	75.00*	29
30 PSYCHOTHERAPY-HALF HOUR	37.50*	30
31 CHIROPRACTIC OFFICE VISIT	12.50*	31
32 INITIAL PHYSIOTHERAPY	7.00*	32
33 F/U POOIATRIC OFFICE VISIT		33
34 ELECTROCAROIOGRAM (EKG)	29.60*	34
35 EKG-INTERPRET AND REPORT ONLY	14.50*	35
36 SPIROMETRY	25.00*	36
37 ELECTROENCEPHALOGRAM (EEG)	66.50*	37
38 CHEMOTHERAPY	15.00*	38
39 COLLECTION OF SPECIMENS	6.00*	39
40 DEBRIDEMENT OF NAILS	19.50*	40
41 SKIN BIOPSY	29.80*	41
42 CHEMOCAUTERY	19.90*	42
43 RADICAL MASTECTOMY	696.30*	43
44 OPEN REDUCTION OF FRACTURE	795.80*	44
45 ARTHROCENTESIS-MAJOR JOINT	28.80	45
46 CORONARY ARTERY BYPASS	21.60*	46
47 TOTAL ARTIFICIAL HIP REPLACE	880.60*	47
48 NEEOLE PUNCTURE OF BURSA	19.90*	48
49 BRONCHOSCOPY	165.80*	49
50 THORACENTESIS	29.80*	50
51 CATHERIZATION OF HEART	432.00	51
52 INSERTION OF PACEMAKER	885.70*	52
53 PARTIAL COLECTOMY	795.80*	53
54 APPENDECTOMY	397.70*	54
EE CICMOIOOCOODY	00 00+	CE

## NORTH OAKOTA COMBINEO LOCALITY DESIGNATION

#### PROCEOURE DESCRIPTION

	FROCEOORE OESCRIPTION	
56	HEMORRHOIOECTOMY	
	CHOLECYSTECTOMY	
	REPAIR HERNIA	
	OIAGNOSTIC CYSTOURETHROSCOPY	
	DILATION OF URETHRA	
	PROSTATECTOMY - SUPRAPUBIC	
	ELECTROSECTION-PROSTATE (TUR)	
	HYSTERECTOMY	
	INITIAL COMPLETE EYE EXAM	
	COMPREHENSIVE EYE EXAM	
	EYE EXAM WITH TONOMETRY	
	EXTRACTION OF LENS	
	CHEST X-RAY - SINGLE VIEW	
	CHEST X-RAY - TWO VIEWS	
	X-RAY SPINE	
	X-RAY HIP	
	X-RAY UPPER GI TRACT	
	X-RAY COLON	
	RADIATION THERAPY-LOW VOLT	
	RADIATION THERAPY-SUPER VOLT	
76	RADIATION THERAPY-MEGAVOLT	
	CAT SCAN - HEAD	
78	CAT SCAN - ABOOMEN	
79	THREE CHEMISTRY TESTS	
80	NINETEEN CHEMISTRY TESTS	
81	CULTURE - OTHER THAN BLOOD	
82	HEMOGLOBIN	
83	AUTOMATEO BLOOD COUNT	
84	WHITE CELL COUNT	
85	COMPLETE BLOOD COUNT (CBC)	
86	CHOLESTEROL TEST	
87	FLOCCULATION TEST	
88	HEMATOCRIT	
89	PLATELET COUNT (REES-ECKER)	
90	POTASSIUM TEST - BLOOD	
91	PROTHROMBIN TIME TEST	
	SECIMENTATION RATE	
	BLOOD SUGAR	
	BUN-UREA - NITROGEN	
	URIC ACIO	
96	FECES-OCCULT BLOOD-SCREENING	
	PAP TEST	
	ROUTINE URINALYSIS	
	CHEMICAL URINALYSIS	
	PATHOLOGY - THREE SPECIMENS	
	ELEC MONITORING-PACEMAKER	
102	OONOR NEPHRECTOMY-UNILATERAL	
	KIONEY TRANSPLANT	
	HOSPITAL BEO - RENTAL	
	WALKER - RENTAL	
	WHEELCHAIR - RENTAL	
	LIQUIO OXYGEN - RENTAL	
	HOSPITAL BEO - PURCHASE	
	WALKER - PURCHASE	
110	WHEELCHAIR - PURCHASE	

820	
298.50* 596.90* 364.70* 49.70* 29.80* 795.80* 696.30* 16.50	56 57 58 59 60 61 62 63 64
746.00* 18.30* 29.80* 27.40* 33.10* 64.80* 53.00* 20.00 25.00	66 67 68 69 70 71 72 73 74 75
227.00 49.60 P 15.10 24.00 12.00 4.00L 13.00 4.00L 13.50L 7.00L 5.50	77 78 79 80 81 82 83 84 85 86
4.00L 6.30 10.00 6.00L 5.00L 8.00L 8.00L 4.50 4.00L 5.00L 3.25 21.00	88 89 90 91 92 93 94 95 96 97 98 99
33.50 4.00 20.00L 643.75 53.50 235.90L	101 102 103 104 105 106 107 108 109

OHIO



1981 PREVAILING CHARGE SUMM		NATIONWIDE MOESIGNATION		OHIO LOCALITY DESIGNATION FOR SPECIALIST					
PROCEDURE DESCRIPTION	01	02	03	04	01	02	03	04	
1 INITIAL BRIEF OFFICE VISIT					16.60*	14.90*	16.60*	16.60*	1
2 INITIAL LIMITEO OFFICE VISIT	13.30*	11.60*	11.60*	11.60*	16.60*	14.90*	16.60*	16.60*	2
3 INITIAL INTERMED OFFICE VISI					22.00	24.90*	16.60*	24.90*	3
4 INITIAL COMP OFFICE VISIT	55.00	45.00	49.70*	40.00	58.00*	58.00*	58.00*	50.00	4
5 MINIMAL FOLLOWUP OFFICE VISI	T 5.00	5.00*	5.00*	5.00	5.00	5.00	6.60*	6.60*	5
6 BRIEF FOLLOWUP OFFICE VISIT	13.30*	11.60*	11.60*	11.60*	16.60*	14.90*	16.60*	16.60*	6
7 LIMITED FOLLOWUP OFFICE VISI		11.60*	11.60*	11.60*	16.60*	14.90*	16.60*	16.60*	7
8 INTERMEDIATE F/U OFFICE VISI	T 13.30*	11.60*	11.60*	11.60*	16.60*	14.90*	16.60*	16.60*	8
9 EXTENDED F/U OFFICE VISIT	19.90*	18.00	15.00*	16.60*	22.00	24.90*	16.60*	24.90*	9
10 COMP FOLLOWUP OFFICE VISIT	55.00	45.00	49.70*	40.00	58.00*	58.00*	58.00*	50.00	10
11 BRIEF FOLLOWUP HOME VISIT	19.90*	16.60*	19.90*	19.90*	19.90*	23.20*	16.60*	19.90*	1.1
12 LIMITEO FOLLOWUP HOME VISIT					19.90*	23.20*	16.60*	19.90*	12
13 INTERMOIATE F/U HOME VISIT	19.90*	16.60*	19.90*	19.90*	19.90*	23.20*	16.60*	19.90*	13
14 EXTENDED CARE FACILITY VISIT					16.60*	16.60*	16.60*	16.60*	14
15 BRIEF F/U NURSING HOME VISIT		11.60	11.60*	11.60	16.60*	14.90	16.60*	16.00	15
16 INITIAL BRIEF HOSPITAL VISIT	24.90*	24.90*	33.20*	30.00	41.50+	41.50*	41.50*	41.50*	16
17 INIT INTERMED HOSPITAL VISIT					49.70*	58.00*	49.70*	49.70*	17
18 INITIAL COMP HOSPITAL VISIT	36.00	37.00	41.50*	41.50*	49.70*	58.00*	49.70*	49.70*	18
19 BRIEF FOLLOWUP HOSPITAL VISI		13.30*	13.30*	14.90*	16.60*	16.60*	16.60*	16.60*	19
20 LIMITEO F/U HOSPITAL VISIT	14.90*	13.30*	13.30*	14.90*	16.60*	16.60*	16.60*	16.60*	20
21 INTERMEO F/U HOSPITAL VISIT	24.90*	24.90*	33.20*	30.00	41.50*	41.50*	41.50+	41.50*	21
22 EXTENDED F/U HOSPITAL VISIT					41.50*	41.50*	41.50*	41.50*	22
23 BRIEF EMERGENCY ROOM VISIT					33.20*	24.90*	24.90*	19.90*	23
24 LIMITEO EMERGENCY ROOM VISIT					33.20*	24.90*	24.90*	19.90*	24
25 INTERMED EMERGENCY ROOM VISI					33.20*	24.90*	24.90+	19.90*	25
26 LIMITEO CONSULTATION	58.00*	50.00	58.00*	50.00	58.00*	58.00*	58.00*	58.00*	26
27 EXTENSIVE CONSULTATION					58.00*	58.00+	58.00+	58.00*	27
28 COMPREHENSIVE CONSULTATION					63.00*	63.00*	63.00*	63.00*	28
29 PSYCHOTHERAPY-ONE HOUR					33.20*	33.20*	45.30*	40.30*	29
30 PSYCHOTHERAPY-HALF HOUR					35.00	30.00	35.00	35.00	30
31 CHIROPRACTIC OFFICE VISIT	14.90*	14.00	15.00	14.90*	11.60*	11.60*	11.60+	11.60*	31
32 INITIAL PHYSIOTHERAPY					12.40*		15.00	15.00	32
33 F/U POOIATRIC OFFICE VISIT					13.30*	13.30*	15.00	13.30*	33
34 ELECTROCAROIOGRAM (EKG)	24.90*	22.00	24.90*	24.90*	24.90*	22.00	24.90+	24.90*	34
35 EKG-INTERPRET AND REPORT ONL		9.90*	15.00	13.30*	9.90*	10.00*	10.00	10.00*	35
36 SPIROMETRY					35.00	35.00	35.00	45.00	36
37 ELECTROENCEPHALOGRAM (EEG)					65.00	66.30*	66.30*	66.30*	37
38 CHEMOTHERAPY					21.30*	16.60*	26.80*	26.80*	38
39 COLLECTION OF SPECIMENS									39
40 DEBRIDEMENT OF NAILS					16.60*	16.60*	16.60*	16.60*	40
41 SKIN BIOPSY					26.00	35.00	50.00	24.90*	41
42 CHEMOCAUTERY					25.00	25.00	25.00	25.00	42
43 RADICAL MASTECTOMY					800.00	840.00	850.00	800.00	43
44 OPEN REDUCTION OF FRACTURE					795.80*	829.00*	829.00*	746.10*	44
45 ARTHROCENTESIS-MAJOR JOINT	24.90*	24.90*	24.90*	24.90*	25.60*	24.90*	24.90*	24.90*	45
46 CORONARY ARTERY BYPASS					3450.00	3450.00	2500.00	3380.70*	46
47 TOTAL ARTIFICIAL HIP REPLACE					2400.00	2052.00	2350.00	2870.00*	47
48 NEEOLE PUNCTURE OF BURSA					20.40*	16.60*	16.60*	16.60*	48
49 BRONCHOSCOPY					200.00	165.80*	207.25*	182.40*	49
50 THORACENTESIS					33.20*	33.20*	51.10*	33.20*	50
51 CATHERIZATION OF HEART					580.30*	580.30*	580.30*	580.30*	51
52 INSERTION OF PACEMAKER					829.00*	900.00	829.00*	900.00	52
53 PARTIAL COLECTOMY					829.00*	994.80*	911.90*	994.80*	53
54 APPENOECTOMY	414.50*	414.50*	375.00	414.50*	414.50*	414.50*	375.00	414.50*	54
55 SIGMOIOOSCOPY					40.00	40.00	41.50*	33.20*	55

1981 PREVAILING CHARGE SUMMARY	MARY OATA NATIONWIDE MUTUAL INSURANC LOCALITY OESIGNATION FOR GENERAL F				OH: LOCAL		NATION FOR SPECIALIST			
PROCEOURE DESCRIPTION	01	02	03	04	01	02	03	04		
56 HEMORRHOIOECTOMY					414.50*	414.50*	375.00	414.50*	56	
57 CHOLECYSTECTOMY					663.20*	663.20*	663.20*	663.20*	57	
58 REPAIR HERNIA					414.50*	414.50*	414.50*	373.10*	58	
59 OIAGNOSTIC CYSTOURETHROSCOPY	74.60*	74.60*	74.60*	74.60*	58.00*	58.00*	70.00	58.00*	59	
60 OILATION OF URETHRA					16.60*	16.60*	24.90*	24.90*	60	
61 PROSTATECTOMY - SUPRAPUBIC					746.10*	829.00*	829.00*	850.00	61	
62 ELECTROSECTION-PROSTATE (TUR)	580.30*	580.30*	664.10*	580.30*	746.10*	746.10*	746.10*	746.10*	62	
63 HYSTERECTOMY					746.10*	746.10*	746.10*	746.10*	63	
64 INITIAL COMPLETE EYE EXAM					25.00	25.00	28.00	25.00	64	
65 COMPREHENSIVE EYE EXAM					25.00	25.00	28.00	25.00	65	
66 EYE EXAM WITH TONOMETRY					16.00	24.90*	20.00	20.00	66	
67 EXTRACTION OF LENS	663.20*	829.00*	800.00	704.70*	663.20*	829.00*	800.00	704.70*	67	
68 CHEST X-RAY - SINGLE VIEW	16.60*	19.90*	16.60*	16.60*	18.00*	19.00	15.00*	19.90*	68	
69 CHEST X-RAY - TWO VIEWS	24.90*	24.90*	24.90*	24.90*	26.00	25.00	29.80*	24.90*	69	
70 X-RAY SPINE					25.00*	25.00	33.20*	33.20*	70	
71 X-RAY HIP					27.50	20.00	28.00	24.90*	7 1	
72 X-RAY UPPER GI TRACT	41.50*	45.00*	41.50*	41.50*	58.00*	49.70*	49.70*	50.00	72	
73 X-RAY COLON					35.00*	49.70*	55.00	47.00	73	
74 RADIATION THERAPY-LOW VOLT	20.70*	30.00	20.70*	24.90*	20.70*	31.80	20.70*	24.90*	74	
75 RADIATION THERAPY-SUPER VOLT	41.50*	30.00	27.50*	15.00	41.50*	30.00	27.50*	24.90*	75	
76 RADIATION THERAPY-MEGAVOLT					35.00	35.00	31.50*	35.00	76	
77 CAT SCAN - HEAD					185.70*	295.00	283.50*	295.00	77	
78 CAT SCAN - ABOOMEN					298.60	317.50	332.60	283.50	78	
79 THREE CHEMISTRY TESTS					1.50	1.50	1.60	1.40	79	
80 NINETEEN CHEMISTRY TESTS					1.50	1.50	1.60	1.40	80	
81 CULTURE - OTHER THAN BLOOD					10.00	14.75	19.50	12.00	81	
82 HEMOGLOBIN					3.00L	3.00L	3.00L	3.00	82	
83 AUTOMATEO BLOOD COUNT									83	
84 WHITE CELL COUNT					3.00L	3.00L	3.00L	3.00	84	
85 COMPLETE BLOOD COUNT (CBC)					8.00L	8.00L	8.00L	8.00	85	
86 CHOLESTEROL TEST					6.00L	6.00L	6.00L	6.00L	86	
87 FLOCCULATION TEST					7.00	8.25	5.50	3.75	87	
88 HEMATOCRIT					2.75L	2.75L	2.75L	2.75L	88	
89 PLATELET COUNT (REES-ECKER)					6.00	8.00	6.20	7.50	89	
90 POTASSIUM TEST - BLOOD					8.00	9.00	7.00	6.00	90	
91 PROTHROMBIN TIME TEST					5.15L	5.15L	5.15L	5.15L	91	
92 SEOIMENTATION RATE					4.50L	4.50L	4.50L	4.50L	92	
93 BLOOO SUGAR					5.00L	5.00L	5.00L	5.00L	93	
94 BUN-UREA - NITROGEN					5.00L	5.00L	5.00L	5.00L	94	
95 URIC ACIO					6.00L	6.00L	6.00L	6.00L	95	
96 FECES-OCCULT BLOOD-SCREENING					4.00	4.00	5.00	4.00	96	
97 PAP TEST					6.75L	6.75L	6.75L	6.75L	97	
98 ROUTINE URINALYSIS					3.00L	3.00L	3.00L	3.00L	98	
99 CHEMICAL URINALYSIS					3.00	5.00	4.00	3.00	99	
100 PATHOLOGY - THREE SPECIMENS					15.00	15.00	21.50	16.00	100	
101 ELEC MONITORING-PACEMAKER									101	
102 OONOR NEPHRECTOMY-UNILATERAL					1115.00	1115.00	1115.00	1115.00	102	
103 KIONEY TRANSPLANT					1787.30*	2112.30*	2341.10*	2112.30*	103	
104 HOSPITAL BEO - RENTAL					33.86	42.00L	42.00L	32.00	104	
105 WALKER - RENTAL					7.80	18.00	15.00	8.35	105	
106 WHEELCHAIR - RENTAL					18.20	18.50L	18.50L	18.50L	106	
107 LIQUIO OXYGEN - RENTAL					60.00	60.00	58.02	60.00	107	
400 LIGERITAL DEG DUDCHACE					465.40L	465.40L	465.40L	465.40L	108	
108 HOSPITAL BEO - PURCHASE						45	0.0	4.4.50		
109 WALKER - PURCHASE					37.56 225.00L	45.00 225.00L	36.93 225.00L	41.50 225.00L	109 110	

	1981 PREVAILING CHARGE SUMMARY		NATIONWIDE N OESIGNATION			OHIO LOCALITY DESIGNATION FOR SPECIALIST				
	PROCEOURE DESCRIPTION	05	06	07	08	05	06	07	08	
	1 INITIAL BRIEF OFFICE VISIT					16.00	11.60*	11.60*	13.30*	1
	2 INITIAL LIMITEO OFFICE VISIT	11.60*	9.90*	9.90*	9.90*	16.00	11.60*	11.60*	13.30*	2
	3 INITIAL INTERMED OFFICE VISIT					20.00	22.00*	19.90+	16.60*	3
	4 INITIAL COMP OFFICE VISIT	50.00	27.00	30.00	30.00	60.00	49.70+	49.70*	60.00	4
	5 MINIMAL FOLLOWUP OFFICE VISIT	6.00	3.00	5.30*	5.00	4.00	6.00	5.00	6.00	5
	6 BRIEF FOLLOWUP OFFICE VISIT	11.60*	9.90*	9.90+	9.90*	16.00	11.60+	11.60*	13.30*	6
	7 LIMITEO FOLLOWUP OFFICE VISIT	11.60*	9.90*	9.90*	9.90*	16.00	11.60+	11.60*	13.30*	7
	8 INTERMEDIATE F/U OFFICE VISIT	11.60*	9.90*	9.90*	9.90*	16.00	11.60*	11.60*	13.30*	8
	9 EXTENDED F/U OFFICE VISIT	16.60*	15.00	12.00	20.00	20.00	22.00+	19.90*	16.60*	9
- 1	O COMP FOLLOWUP OFFICE VISIT	50.00	27.00	30.00	30.00	60.00	49.70+	49.70*	60.00	10
- 1	1 BRIEF FOLLOWUP HOME VISIT	16.60*	15.00	15.00	16.00	21.00	24.90*	19.90*	24.90*	11
- 1	2 LIMITEO FOLLOWUP HOME VISIT					21.00	24.90*	19.90*	24.90*	12
- 1	3 INTERMOIATE F/U HOME VISIT	16.60*	15.00	15.00	16.00	21.00	24.90*	19.90*	24.90*	13
- 1	4 EXTENDED CARE FACILITY VISIT			•		15.00	15.00+	13.30*	13.30*	14
- 1	5 BRIEF F/U NURSING HOME VISIT	11.60	9.90	9.90	9.90	15.00	11.60	11.60*	13.30*	15
- 1	6 INITIAL BRIEF HOSPITAL VISIT	33.20*	26.50*	24.90*	30.00	49.70*	49.70*	41.50*	33.20*	16
1	7 INIT INTERMED HOSPITAL VISIT					75.00	49.70*	49.70*	55.00	17
- 1	8 INITIAL COMP HOSPITAL VISIT	41.50*	35.00	41.50*	40.00	75.00	49.70*	49.70*	55.00	18
- 1	9 BRIEF FOLLOWUP HOSPITAL VISIT	16.60+	9.90*	11.60*	11.60*	19.90*	13.30*	13.30*	13.30*	19
2	O LIMITEO F/U HOSPITAL VISIT	16.60*	9.90*	11.60*	11.60*	19.90*	13.30*	13.30+	13.30*	20
2	1 INTERMEO F/U HOSPITAL VISIT	33.20*	26.50*	24.90*	30.00	49.70*	49.70*	41.50*	33.20*	21
2	2 EXTENDED F/U HOSPITAL VISIT					49.70*	49.70*	41.50*	33.20*	22
2	3 BRIEF EMERGENCY ROOM VISIT					19.90*	24.90+	23.20*	18.20+	23
2	4 LIMITEO EMERGENCY ROOM VISIT					19.90*	24.90*	23.20*	18.20+	24
2	5 INTERMED EMERGENCY ROOM VISIT					19.90 •	24.90*	23.20*	18.20*	25
2	6 LIMITEO CONSULTATION	33.20*	58.00*	35.00	24.90*	75.00	58.00+	50.00*	50.00	26
2	7 EXTENSIVE CONSULTATION					75.00	58.00*	50.00+	50.00	27
	8 COMPREHENSIVE CONSULTATION					85.00	63.00+	53.10*	63.00*	28
2	9 PSYCHOTHERAPY-ONE HOUR					24.90*	33.20+	33.20*	33.20*	29
	O PSYCHOTHERAPY-HALF HOUR					33.00	34.80*	30.00	21.00	30
3	1 CHIROPRACTIC OFFICE VISIT	12.00	10.00	11.60*	12.00	11.60+	10.00	11.60*	11.60+	31
	2 INITIAL PHYSIOTHERAPY					15.00	15.00	15.00	15.00	32
3	3 F/U PODIATRIC OFFICE VISIT					11.60*	13.30+	11.60*	11.60+	33
	4 ELECTROCAROIOGRAM (EKG)	24.90*	24.90*	20.00	24.90*	25.00	24.90*	20.00	20.00	34
	5 EKG-INTERPRET AND REPORT ONLY	8.00	8.30*	12.40*	8.30*	15.00+	15.00	12.40*	8.30*	35
	6 SPIROMETRY					35.00	35.00	35.00	35.00	36
3	7 ELECTROENCEPHALOGRAM (EEG)					66.30*	66.30+	66.30*	66.30*	37
	8 CHEMOTHERAPY					16.60*	16.60+	16.60*	16.60+	38
3	9 COLLECTION OF SPECIMENS									39
4	O DEBRIDEMENT OF NAILS					16.60*	16.60*	16.60*	16.60*	40
4	1 SKIN BIOPSY					40.00	40.00	40.00	40.00	41
4	2 CHEMOCAUTERY					25.00	25.00	25.00	25.00	42
4	3 RADICAL MASTECTOMY					789.20*	800.00	777.60*	766.00*	43
	4 OPEN REDUCTION OF FRACTURE					829.00*	829.00+	663.20*	829.00*	44
	5 ARTHROCENTESIS-MAJOR JOINT	24.90+	24.90*	24.90*	24.90+	24.90*	24.90+	24.90*	24.90*	45
	6 CORONARY ARTERY BYPASS					3450.00	3450.00	2951.20+	3165.10+	46
	7 TOTAL ARTIFICIAL HIP REPLACE					2033.00	2350.00	1615.00	2258.20*	47
	8 NEEDLE PUNCTURE OF BURSA					16.60+	16.60+	16.60+	16.60*	48
	9 BRONCHOSCOPY					165.80*	165.80*	165.80*	165.80+	49
	O THORACENTESIS					33.20*	33.20*	33.20*	33.20+	50
	1 CATHERIZATION OF HEART					580.30+	580.30+	580.30*	580.30*	51
	2 INSERTION OF PACEMAKER					900.00	900.00	900.00	900.00	52
	3 PARTIAL COLECTOMY					829.00+	1200.00	808.00	700.00	53
	4 APPENOECTOMY	414.50*	414.50*	414.50*	414.50+	414.50+	414.50+	414.50*	414.50*	54
	5 SIGMOINDSCOPY					41 50*	59 00+	40.00	40.00	55

40.00

58.00\*

41.50\*

40.00

55

55 SIGMOIOOSCOPY

1981	PREVAILING CHARGE SUMMARY	Y OATA NATIONWIOE MUTUAL INSURANCE CO. LOCALITY OESIGNATION FOR GENERAL PRACTICE					OHIO LOCALITY DESIGNATION FOR SPECIALIST			
PR	DCEOURE DESCRIPTION	05	06	07	08	05	06	07	08	
56 HEMORI	RHOIOECTOMY					414.50*	414.50*	414.50*	414.50*	56
57 CHOLE	CYSTECTOMY					580.30*	721.20*	538.90*	580.30*	57
58 REPAII	R HERNIA					373.10*	432.00	331.60*	373.10*	58
59 OIAGNO	OSTIC CYSTOURETHROSCOPY	74.60*	74.60*	74.60*	74.60*	40.00	41.50*	82.90*	58.00*	59
60 DILAT	ION OF URETHRA					16.60*	16.60*	16.60*	20.00*	60
61 PROST	ATECTOMY - SUPRAPUBIC					850.00	795.80*	795.80*	795.80*	61
62 ELECTI	ROSECTION-PROSTATE (TUR)	580.30*	580.30*	580.30*	580.30*	862.20*	663.20*	663.20*	663.20*	62
63 HYSTEI	RECTOMY					746.10*	746.10*	746.10*	746.10*	63
64 INITI	AL COMPLETE EYE EXAM					25.00	24.00	26.50*	24.90*	64
65 COMPRI	EHENSIVE EYE EXAM					25.00	24.00	26.50*	24.90*	65
66 EYE EX	KAM WITH TONOMETRY					15.00	22.00	20.00	16.60*	66
67 EXTRA	CTION OF LENS	663.20*	580.30*	663.20*	580.30*	663.20*	663.20*	663.20*	580.30*	67
68 CHEST	X-RAY - SINGLE VIEW	19.90*	19.90*	19.90*	19.90*	15.00*	12.40*	10.00	9.90*	68
69 CHEST	X-RAY - TWO VIEWS	24.90*	24.90*	24.90*	24.90*	24.90*	29.80*	20.70*	29.80*	69
70 X-RAY	SPINE					24.90*	33.20*	16.60*	33.20*	70
71 X-RAY	HIP					22.00	29.50	29.50	29.50	71
72 X-RAY	UPPER GI TRACT	41.50*	41.50*	41.50*	41.50*	49.70*	58.00*	58.00*	58.00*	72
73 X-RAY	COLON				`	49.70*	49.70*	30.00	49.70*	73
74 RADIA	TION THERAPY-LOW VOLT	24.90*	20.70*	20.70*	20.70*	24.90*	20.70*	20.70*	20.70*	74
75 RADIA	TION THERAPY-SUPER VOLT	18.00	29.80*	29.80*	29.80*	24.90*	29.80*	29.80*	29.80*	75
76 RADIA	TION THERAPY-MEGAVOLT					34.80*	35.00	35.00	34.80*	76
77 CAT S	CAN - HEAO					228.80*	223.80*	197.30*	169.10*	77
78 CAT S	CAN - ABOOMEN					294.80	328.90	287.30	306.20	78
79 THREE	CHEMISTRY TESTS					1.90	1.25	1.40	1.30	79
80 NINETI	EEN CHEMISTRY TESTS					1.90	1.25	1.40	1.30	80
81 CULTUI	RE - OTHER THAN BLOOD					15.00	10.00	13.40	20.00	8 1
82 HEMOGI	LOBIN	•				3.00L	3.00L	3.00	3.00	82
83 AUTOM	ATEO BLOOD COUNT									83
84 WHITE	CELL COUNT					3.00L	3.00L	3.00	3.00L	84
85, COMPLE	ETE BLOOD COUNT (CBC)					8.00L	8.00L	8.00L	8.00L	85
86 CHOLES	STEROL TEST					6.00L	6.00L	5.75	6.00L	86
87 FLOCCI	JLATION TEST					8.00	6.00	2.00	3.00	87
88 HEMAT	DCRIT					2.75L	2.75L	2.75L	2.75L	88
89 PLATE	LET COUNT (REES-ECKER)					7.50	9.00	5.00	6.00	89
90 POTAS	SIUM TEST - BLOOO					8.00	8.00	8.00	6.00	90
91 PROTHI	ROMBIN TIME TEST					5.15L	5.15L	5.00	5.15L	91
92 SEOIM	ENTATION RATE					4.50L	4.50L	4.50L	4.50L	92
93 BL000	SUGAR					5.00L	5.00L	5.00L	5.00L	93
	REA - NITROGEN					5.00L	5.00L	5.00L	5.00	94
95 URIC	ACIO					6.00L	6.00L	6.00L	6.00L	95
96 FECES	-OCCULT BLOOD-SCREENING					3.50	3.70	3.00	5.00	96
97 PAP TI	EST					6.75L	6.00	6.75L	6.75L	97
98 ROUTII	NE URINALYSIS					3.00L	3.00L	3.00L	3.00L	98
	CAL URINALYSIS					6.00	4.00	4.00	4.00	99
	LOGY - THREE SPECIMENS					16.00	21.00	20.00	21.50	100
	MONITORING-PACEMAKER									101
	NEPHRECTOMY-UNILATERAL					1115.00		981.50*		102
	TRANSPLANT					2503.60*	1722.70*	1853.60*	1983.00*	103
	TAL BEO - RENTAL					41.80	42.00L	42.00L	42.00L	104
	R - RENTAL .					7.84	5.00	18.52	14.63	105
	CHAIR - RENTAL					18.50	12.54	18.50L	18.50L	106
	O OXYGEN - RENTAL					60.00	60.00	60.00	60.00	107
	TAL BEO - PURCHASE					465.40L	465.40L	465.40L	465.40L	108
	R - PURCHASE					37.50	41.05	43.00	27.95	109
110 WHEEL	CHAIR - PURCHASE					225.00L	225.00L	225.00L	225.00L	110

1981 PREVAILING CHARGE SUMMARY		NATIONWIDE M OESIGNATION			OH: LOCAL:		TION FOR SPI	ECIALIST	
PROCEOURE DESCRIPTION	09	10	11	12	09	10	11	12	
1 INITIAL BRIEF OFFICE VISIT					13.30*	16.60*	13.30*	11.60*	1
2 INITIAL LIMITED OFFICE VISIT	9.90*	13.30*	13.30*	9.90*	13.30*	16.60*	13.30*	11.60*	2
3 INITIAL INTERMED OFFICE VISIT					24.90*	24.00	24.90*	16.60*	3
4 INITIAL COMP OFFICE VISIT	33.20*	49.70*	40.00	35.00	40.00	49.70*	49.70*	41.50*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	4.00	6.60*	5.00	5.00*	5.00	6.60*	6.60*	3.00	5
6 BRIEF FOLLOWUP OFFICE VISIT	9.90*	13.30*	13.30*	9.90*	13.30*	16.60*	13.30*	11.60*	6
7 LIMITEO FOLLOWUP OFFICE VISIT	9.90*	13.30*	13.30*	9.90*	13.30*	16.60*	13.30*	11.60*	7
8 INTERMEDIATE F/U OFFICE VISIT	9.90*	13.30*	13.30*	9.90*	13.30*	16.60*	13.30*	11.60*	8
9 EXTENDED F/U OFFICE VISIT	16.00	20.00	16.00	16.60*	24.90*	24.00	24.90*	16.60*	9
10 COMP FOLLOWUP OFFICE VISIT	33.20*	49.70*	40.00	35.00	40.00	49.70*	49.70*	41.50*	10
11 BRIEF FOLLOWUP HOME VISIT	15.00	19.90*	19.90*	15.,00	19.90*	19.90*	19.90*	19.90*	11
12 LIMITEO FOLLOWUP HOME VISIT					19.90*	19.90*	19.90*	19.90*	12
13 INTERMOIATE F/U HOME VISIT	15.00	19.90*	19.90*	15.00	19.90*	19.90*	19.90*	19.90*	13
14 EXTENDED CARE FACILITY VISIT					15.00	16.60*	13.30*	14:90*	14
15 BRIEF F/U NURSING HOME VISIT	9.90*	13.30	13.30	9.90*	13.30	16.60*	13.30*	11.60	15
16 INITIAL BRIEF HOSPITAL VISIT	24.90*	24.90*	24.90*	33.20*	41.50*	41.50*	33.20*	33.20*	16
17 INIT INTERMED HOSPITAL VISIT					41.50*	41.50*	41.50*	41.50*	17
18 INITIAL COMP HOSPITAL VISIT	30.00	41.50*	41.50*	41.50*	41.50*	41.50*	41.50*	41.50*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	9.90*	13.30*	13.30*	11.60*	16.00	16.60*	13.30*	14.90*	19
20 LIMITEO F/U HOSPITAL VISIT	9.90*	13.30*	13.30*	11.60*	16.00	16.60*	13.30*	14.90*	20
21 INTERMED F/U HOSPITAL VISIT	24.90*	24.90*	24.90*	33.20*	41.50*	41.50*	33.20*	33.20*	21
22 EXTENDED F/U HOSPITAL VISIT					41.50*	41.50*	33.20*	33.20*	22
23 BRIEF EMERGENCY ROOM VISIT					24.00	17.40*	24.90*	20.00	23
24 LIMITED EMERGENCY ROOM VISIT					24.00	17.40*	24.90*	20.00	24
25 INTERMED EMERGENCY ROOM VISIT					24.00	17.40*	24.90*	20.00	25
26 LIMITEO CONSULTATION	40.00	41.50*	50.00	30.00	41.50*	58.00*	58.00*	49.70*	26
27 EXTENSIVE CONSULTATION					41.50*	58.00*	58.00*	49.70*	27
28 COMPREHENSIVE CONSULTATION					44.80*	63.00*	63.00*	53.10*	28
29 PSYCHOTHERAPY-ONE HOUR					33.20*	33.20*	33.20*	35.00*	29
30 PSYCHOTHERAPY-HALF HOUR					28.50	35.00	35.00	20.00	30
31 CHIROPRACTIC OFFICE VISIT	11.60*	14.00	13.30*	11.60*	11.60+	11.60*	11.60*	11.60*	31
32 INITIAL PHYSIOTHERAPY					11.60+	15.00	15.00	15.00	32
33 F/U PODIATRIC OFFICE VISIT					11.60+	13.30*	13.30*	11.60*	33
34 ELECTROCAROIOGRAM (EKG)	25.00	24.90*	30.00	24.90*	24.90*	24.90*	30.00	25.00	34
35 EKG-INTERPRET AND REPORT ONLY	10.00*	13.30*	12.40*	13.30*	15.00	10.00*	10.00	8.30*	35
36 SPIROMETRY					35.00	35.00	35.00	35.00	36
37 ELECTROENCEPHALOGRAM (EEG)					66.30*	66.30*	66.30*	66.30*	37
38 CHEMOTHERAPY					16.60*	16.60*	16.60*	5.00	38
39 COLLECTION OF SPECIMENS									39
40 OEBRIOEMENT OF NAILS					16.60*	16.60*	16.60*	16.60*	40
41 SKIN BIOPSY					40.00	40.00	40.00	40.00	41
42 CHEMOCAUTERY					25.00	25.00	25.00	25.00	42
43 RADICAL MASTECTOMY					719.60*	858.80*	750.00	754.40*	43
44 OPEN REDUCTION OF FRACTURE					829.00*	746.10*	746.10*	829.00*	44
45 ARTHROCENTESIS-MAJOR JOINT	24.90*	24.90*	24.90*	24.90*	24.90*	24.90*	24.90*	24.90+	45
46 CORONARY ARTERY BYPASS					3272.90*	3450.00	3450.00	3325.90*	46
47 TOTAL ARTIFICIAL HIP REPLACE					1800.00	2450.00	2488.70*	1532.00*	47
48 NEEOLE PUNCTURE OF BURSA					16.60*	16.60*	16.60*	16.60*	48
49 BRONCHOSCOPY					165.80*	165.80*	165.80*	165.80*	49
50 THORACENTESIS					33.20*	33.20*	33.20*	33.20*	50
51 CATHERIZATION OF HEART					580.30+	580.30*	580.30*	580.30*	51
52 INSERTION OF PACEMAKER					900.00	900.00	900.00	900.00	52
53 PARTIAL COLECTOMY					704.70*	829.00*	829.00*	829.00*	53
54 APPENOECTOMY	414.50*	414.50*	414.50*	414.50*	414.50+	414.50*	414.50*	414.50*	54
55 SIGMOIOOSCOPY					33.20*	41.50*	49.70*	33.20*	55

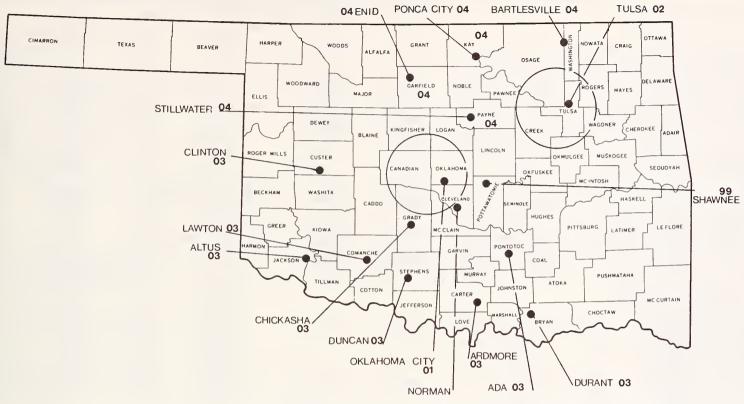
19	81 PREVAILING CHARGE SUMMARY		ATIONWIOE M OESIGNATION			OH1 LOCAL1	ECIALIST			
	PROCEOURE DESCRIPTION	09	10	11	12	09	10	11	12	
56 HEM	ORRHOIDECTOMY					414.50*	414.50*	414.50*	414.50*	56
57 CHO	LECYSTECTOMY					580.30*	663.20*	746.10*	580.30*	57
58 REP	AIR HERNIA					306.70*	373.10*	414.50*	373.10*	58
59 DIA	GNOSTIC CYSTOURETHROSCOPY	74.60*	74.60*	74.60*	74.60*	41.50*	75.00	124.40*	41.50*	59
	ATION OF URETHRA					19.90*	24.90*	19.90*	20.00*	60
	STATECTOMY - SUPRAPUBIC					663.20*	795.80*	829.00*	795.80*	61
	CTROSECTION-PROSTATE (TUR)	580.30*	613.00*	580.30*	580.30*	663.20*	829.00*	795.80*	663.20*	62
	TERECTOMY					746.10*	746.10*	746.10*	746.10*	63
	TIAL COMPLETE EYE EXAM					24.00	30.00	30.00	24.00	64
	PREHENSIVE EYE EXAM					24.00	30.00	30.00	24.00	65
	EXAM WITH TONOMETRY	662 20+	746 40+	746 40*	E80 20*	20.00	15.00	19.90*	22.00	66
	RACTION OF LENS	663.20*	746.10*	746.10*	580.30*	663.20*	746.10* 12.00*	746.10* 28.20*	580.30*	67
	ST X-RAY - SINGLE VIEW ST X-RAY - TWO VIEWS	15.00* 30.00	19.90* 24.90*	20.00* 32.00	15.00 24.90*	15.00* 24.90*	24.90*	29.80*	12.40* 29.80*	68 69
	AY SPINE	30.00	24.50+	32.00	24.50*	20.00*	28.20*	20.00*	33.20*	70
	AY HIP					29.50	28.20*	29.80*	29.50	71
	AY UPPER GI TRACT	41.50*	41.50*	41.50*	41.50*	49.70*	35.00*	66.30*	58.00*	72
	AY COLON	41.30	41.30	41.30	41.00	49.70*	38.00*	58.00*	49.70*	73
	IATION THERAPY-LOW VOLT	20.70*	16.60*	16.60*	18.90*	20.70*	16.60*	16.60*	18.90*	74
	IATION THERAPY-SUPER VOLT	24.90*	25.00	24.90*	22.10*	24.90*	29.80*	24.90*	22.10*	75
	IATION THERAPY-MEGAVOLT	2	20.00			29.80*	35.00	29.80*	26.50*	76
	SCAN - HEAD					202.30*	190.70*	295.00	288.50*	77
	SCAN - ABOOMEN					317.50	398.60	374.20	344.00	78
	EE CHEMISTRY TESTS					2.10	2.00	1.50	1.20	79
80 NIN	ETEEN CHEMISTRY TESTS					2.10	2.00	1.50	1.20	80
81 CUL	TURE - OTHER THAN BLOOD					10.00	11.00	24.00	8.00	8 1
82 HEM	OGLOBIN					3.00	3.00	3.00L	3.00	82
83 AUT	OMATED BLOOD COUNT									83
84 WHI	TE CELL COUNT					3.00L	3.00	3.00L	3.00	84
	PLETE BLOOD COUNT (CBC)					8.00L	8.00	8.00L	7.00	85
	LESTEROL TEST					6.00L	5.00	6.00L	6.00	86
	CCULATION TEST					6.00	3.50	6.00	6.00	87
	ATOCRIT					2.75L	2.75L	2.75L	2.75L	88
	TELET COUNT (REES-ECKER)					7.00 8.00	5.00 6.00	15.00 9.00	4.00 7.00	89 90
	ASSIUM TEST - BLOOD					5.15L	5.00	5.15L	5.15L	91
	THROMBIN TIME TEST IMENTATION RATE					4.50L	4.50L	4.50L	4.00	92
	OO SUGAR					5.00L	4.50	5.00L	5.00	93
	-UREA - NITROGEN					5.00L	5.00	5.00L	5.00L	94
	C ACIO					6.00L	5.50	6.00L	6.00	95
	ES-OCCULT BLOOD-SCREENING					4.50	3.00	6.00	7.00	96
97 PAP						6.75L	6.75L	6.75L	6.75L	97
	TINE URINALYSIS					3.00L	3.00L	3.00L	3.00L	98
	MICAL URINALYSIS					4.00	3.00	5.00	4.00	99
	HOLOGY - THREE SPECIMENS					21.50	20.00	21.50	10.00	100
101 ELE	C MONITORING-PACEMAKER									101
102 00N	OR NEPHRECTOMY-UNILATERAL						1115.00		1107.50*	102
103 KIO	NEY TRANSPLANT					1918.30*	2470.40*	2470.40*	1397.70*	103
-	PITAL BEO - RENTAL					42.00L	42.00L	42.00L	42.00L	104
	KER - RENTAL					11.44	14.63	15.60	7.50	105
	ELCHAIR - RENTAL					18.50L	18.50L	18.50L	18.50L	106
	UIO OXYGEN - RENTAL					60.00	60.00	60.00	60.00	107
	PITAL BEO - PURCHASE					465.40L 40.00	465.40L 36.95	465.40L 45.29	465.40L 46.51	108 109
	KER - PURCHASE					225.00L	225.00L	225.00L	225.00L	110
110 WHE	ELCHAIR - PURCHASE					223.006	423.00L	223.00L	223.00L	

1981 PREVAILING CHARGE S			UAL INSURANCE CO. OR GENERAL PRACTICE	OHIO	OESIGNATIO	ON FOR SPECI	IALIST	
PROCEOURE DESCRIPTION	13	14	15	13	14	15		
1 INITIAL BRIEF OFFICE VISI 2 INITIAL LIMITED OFFICE VI 3 INITIAL INTERMEO OFFICE V	SIT 9.90*	9.90*	9.90*	15.00 15.00 24.90*	15.00 15.00 24.90*	11.60* 11.60* 15.00		1 2 3
4 INITIAL COMP OFFICE VISIT		40.00	50.00	45.00	50.00	41.50*		4
5 MINIMAL FOLLOWUP OFFICE V		5.00	5.00	6.60*	6.60*	5.00		5
6 BRIEF FOLLOWUP OFFICE VIS		9.90*	9.90*	15.00	15.00	11.60*		6
7 LIMITEO FOLLOWUP OFFICE V		9.90*	9.90*	15.00	15.00	11.60*		7
8 INTERMEDIATE F/U OFFICE V		9.90*	9.90*	15.00	15.00	11.60*		8
9 EXTENDED F/U OFFICE VISIT	16.60*	16.00	15.00	24.90*	24.90*	15.00		9
10 COMP FOLLOWUP OFFICE VISI		40.00	50.00	45.00	50.00	41.50*		10
11 BRIEF FOLLOWUP HOME VISIT	16.60*	15.00	15.00	16.60*	16.60*	11.60*		11
12 LIMITEO FOLLOWUP HOME VIS	IT			16.60+	16.60*	11.60*		12
13 INTERMDIATE F/U HOME VISI	T 16.60*	15.00	15.00	16.60*	16.60*	11.60*		13
14 EXTENDED CARE FACILITY VI	SIT			12.00	16.60*	16.00*		14
15 BRIEF F/U NURSING HOME VI	SIT 9.90*	9.90*	9.90*	12.00	15.00	10.00		15
16 INITIAL BRIEF HOSPITAL VI	SIT 24.90*	24.90*	24.90+	41.50+	41.50*	40.00		16
17 INIT INTERMEO HOSPITAL VI	SIT			70.00	41.50*	49.70*		17
18 INITIAL COMP HOSPITAL VIS	IT 41.50*	40.00	35.00	70.00	41.50*	49.70*		18
19 BRIEF FOLLOWUP HOSPITAL V	ISIT 9.90*	9.90*	11.60*	15.00+	16.60*	13.30*		19
20 LIMITEO F/U HOSPITAL VISI		9.90+	11.60+	15.00*	16.60*	13.30+		20
21 INTERMED F/U HOSPITAL VIS		24.90*	24.90*	41.50+	41.50*	40.00		21
22 EXTENDED F/U HOSPITAL VIS				41.50+	41.50*	40.00		22
23 BRIEF EMERGENCY ROOM VISI	Т			24.90*	21.00	16.60*		23
24 LIMITEO EMERGENCY ROOM VI				24.90*	21.00	16.60+		24
25 INTERMED EMERGENCY ROOM V				24.90*	21.00	16.60*		25
26 LIMITEO CONSULTATION	45.00	58.00*	33.20*	50.00	49.70*	41.50+		26
27 EXTENSIVE CONSULTATION				50.00	49.70*	41.50+		27
28 COMPREHENSIVE CONSULTATIO	N			63.00*	53.10+	44.80*		28
29 PSYCHOTHERAPY-ONE HOUR				42.80*	33.20*	26.00		29
30 PSYCHOTHERAPY-HALF HOUR			10.00	35.00	35.00	35.00		30
31 CHIROPRACTIC OFFICE VISIT	10.00	12.00	13.30*	10.00	11.60+	11.60+		31
32 INITIAL PHYSIOTHERAPY	_			14.10+	15.00	11.60*		32
33 F/U POOIATRIC OFFICE VISI		05.00	05.00	11.60*	13.00	11.60+		33
34 ELECTROCAROIOGRAM (EKG)	24.90*	25.00	25.00	24.90*	24.90*	21.60+		34
35 EKG-INTERPRET AND REPORT	ONLY 13.30*	15.00	15.00	15.00	15.00	15.00		35
36 SPIROMETRY	`			35.00	35.00	35.00		36
37 ELECTROENCEPHALOGRAM (EEG 38 CHEMOTHERAPY	,			66.30* 16.60*	66.30*	66.30*		37
39 COLLECTION OF SPECIMENS				16.60*	16.60*	16.60*		38 39
40 DEBRIOEMENT OF NAILS				16.60*	16.60*	16.60*		40
41 SKIN BIOPSY				40.00	40.00	20.00		41
42 CHEMOCAUTERY				25.00	25.00	25.00		42
43 RADICAL MASTECTOMY				626.70+	742.80+	696.40+		43
44 OPEN REDUCTION OF FRACTUR	F			829.00*	829.00+	919.50+		44
45 ARTHROCENTESIS-MAJOR JOIN		24.90+	24.90+	24.90*	24.90+	24.90+		45
46 CORONARY ARTERY BYPASS		2	2	3450.00	3272.90+	3325.90+		46
47 TOTAL ARTIFICIAL HIP REPL	ACE			2350.00	1913.30+	2350.00		47
48 NEEOLE PUNCTURE OF BURSA				16.60*	16.60+	16.60+		48
49 BRONCHOSCOPY				165.80*	165.80+	165.80*		49
50 THORACENTESIS				33.20*	33.20+	33.20+		50
51 CATHERIZATION OF HEART				580.30*	580.30*	580.30+		51
52 INSERTION OF PACEMAKER				900.00	900.00	900.00		52
53 PARTIAL COLECTOMY				829.00*	800.00	746.10*		53
54 APPENOECTOMY	414.50*	414.50*	414.50*	414.50*	414.50+	414.50*		54
55 SIGMOIOOSCOPY				24.90*	33.20*	24.90+		55

1981 PREVAILING CHARGE SUMMAR			TUAL INSURANCE CO. FOR GENERAL PRACTICE	OHIO LOCALITY	Y OESIGNATIO	ON FOR SPECIALIST	
PROCEOURE DESCRIPTION	13	14	15	13	14	15	
56 HEMORRHOIOECTOMY				414.50*	248.70*	414.50*	56
57 CHOLECYSTECTOMY				600.00	570.00	600.00	57
58 REPAIR HERNIA				331.60*	378.00	370.00	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	74.60*	74.60*	74.60*	75.00	82.90*	75.00	59
60 DILATION OF URETHRA				19.90*	20.00	15.00	60
61 PROSTATECTOMY - SUPRAPUBIC				795.80*	795.80*	795.80*	61
62 ELECTROSECTION-PROSTATE (TUR)	580.30*	520.30*	580.30*	795.80*	663.20*	840.00	62
63 HYSTERECTOMY				746.10*	746.10*	746.10*	63
64 INITIAL COMPLETE EYE EXAM				24.90*	24.90*	24.00	64
65 COMPREHENSIVE EYE EXAM				24.90*	24.90*	24.00	65
66 EYE EXAM WITH TONOMETRY				22.00	24.90*	24.90*	66
67 EXTRACTION OF LENS	795.80*	663.20*	621.75*	795.80*	663.20*	621.75*	67
68 CHEST X-RAY - SINGLE VIEW	19.90*	19.90*	19.90*	18.20*	11.60*	16.60*	68
69 CHEST X-RAY - TWO VIEWS	24.90*	25.00	27.00	26.50*	29.80*	29.80*	69
70 X-RAY SPINE				33.20*	33.20*	33.20*	70
71 X-RAY HIP				29.50	29.50	29.50	71
72 X-RAY UPPER GI TRACT	41.50*	41.50*	41.50*	38.00*	58.00*	58.00*	72
73 X-RAY COLON				32.00*	49.70*	49.70*	73
74 RADIATION THERAPY-LOW VOLT	16.60*	20.70*	20.70*	16.60*	20.70*	20.70*	74
75 RADIATION THERAPY-SUPER VOLT				29.80*	29.80*	29.80*	75
76 RADIATION THERAPY-MEGAVOLT				24.90*	34.80*	35.00	76
77 CAT SCAN - HEAO				207.25*	218.90*	271.90*	77
78 CAT SCAN - ABOOMEN				328.90	287.30	321.30	78
79 THREE CHEMISTRY TESTS				1.70	1.00	1.60	79
80 NINETEEN CHEMISTRY TESTS				1.70	1.00	1.60	80
81 CULTURE - OTHER THAN BLOOD				6.00	10.00	8.00	81
82 HEMOGLOBIN				3.00	3.00L	3.00L	82
83 AUTOMATEO BLOOD COUNT							83
84 WHITE CELL COUNT				3.00	3.00	2.00	84
85 COMPLETE BLOOD COUNT (CBC)				8.00	8.00	8.00L	85
86 CHOLESTEROL TEST				6.00	6.00L	6.00L	86
87 FLOCCULATION TEST				6.00	4.70	5.25	87
88 HEMATOCRIT				2.75L 4.00	2.75L 5.50	2.75L 6.00	88 89
89 PLATELET COUNT (REES-ECKER)				7.00	6.00	5.00	90
90 POTASSIUM TEST - BLOOD				5.00	5. 15L	5.15L	91
91 PROTHROMBIN TIME TEST				4.00	4 . 50L	4.50L	92
92 SEDIMENTATION RATE				5.00L	5.00L	5.00L	93
93 BLOOD SUGAR				5.00L	5.00L	5.00L	94
94 BUN-UREA - NITROGEN 95 URIC ACIO				6.00	6.00	6.00L	95
96 FECES-OCCULT BLOOD-SCREENING				2.00	2.00	3.00	96
97 PAP TEST				6.75L	6.75L	6.75L	97
98 ROUTINE URINALYSIS				3.00	3.00L	3.00L	98
99 CHEMICAL URINALYSIS				4.00	4.00	2.00	99
100 PATHOLOGY - THREE SPECIMENS				17.00	15.00	17.00	100
101 ELEC MONITORING-PACEMAKER							101
102 OONOR NEPHRECTOMY-UNILATERAL				1115.00	1089.30*	1107.50*	102
103 KIONEY TRANSPLANT		e€		2145.50*	2341.10*	2210.10*	103
104 HOSPITAL BED - RENTAL				40.00	42.00L	36.40	104
105 WALKER - RENTAL				10.00	14.63	7.50	105
106 WHEELCHAIR - RENTAL				18.50L	18.50L	17.75	106
107 LIQUIO OXYGEN - RENTAL				60.00	60.00	60.00	107
108 HOSPITAL BEO - PURCHASE				465.40L	465.40L	365.56	108
109 WALKER - PURCHASE				41.05	27.91	29.95	109
110 WHEELCHAIR - PURCHASE				225.00L	225.00L	225.00L	110

OKLAHOMA

### **OKLAHOMA**



Five Localities: Handled by both Aetna and the State Public Welfare Commission (10 screens)

- 01 Oklahoma City: Bethany, Del City, Edmond, El Reno, Midway Village, Midwest City, Moore, Nichols Hill, Nicoma Park, Norman, Seminole, Shawnee, Spencer, The Village, Valley Brook, Warr Acres, Yukon
- O2 Tulsa: Bixby, Broken Arrow, Claremore, Collinsville, Coweta, Jenks, Oakhurst, Owasso, Prattville, Sand Springs, Sapulpa, Skiatook, Turley, McAlester, Muskogee, Okmulgee, Catoosa
- 03 Ada, Ardmore, Durant, Chickasha, Lawton, Altus, Clinton, Duncan
- 04 Enid, Ponca City, Bartlesville, Stillwater
- 99 All other

(Locality is determined by the city cited in the return address.)

1981 PREVAILING CHARGE SUMMARY		ETNA LIFE A DESIGNATION		L PRACTICE		OKLAHOMA LOCALITY OESIGNATION FOR SPECIALIST				
PROCEOURE DESCRIPTION	01	02	03	04	01	02	03	04		
1 INITIAL BRIEF OFFICE VISIT					20.00	24.80*	20.00	16.60*	1	
2 INITIAL LIMITED OFFICE VISIT	33.10*	25.00*	20.00*	20.00	35,00		30.00	33.10*	2	
3 INITIAL INTERMED OFFICE VISIT						15.80*		15.00*	3	
4 INITIAL COMP OFFICE VISIT	49.80*	41.40*	52.00	35.00*	40.00	58.00*	41.40*		4	
5 MINIMAL FOLLOWUP OFFICE VISIT	6.60*	8.40*	6.60*	3.00	6.00	8.50*	8.00	4.90*	5	
6 BRIEF FOLLOWUP OFFICE VISIT	10.00*	10.00*	8.40*	10.00*	10.00*	12.40*	10.00*	10.00*	6	
7 LIMITEO FOLLOWUP OFFICE VISIT	16.60*	15.00	16.60*	16.60*	16.60*	16.60*	14.00	15.00	7	
8 INTERMEDIATE F/U OFFICE VISIT	20.00	16.60*	16.60*	20.00	19.00	20.00	18.00	18.00	8	
9 EXTENDED F/U OFFICE VISIT	30.70*	25.25*	25.25*	25.25*	41.40*	25.25*	25.25*	25.25*	9	
10 COMP FOLLOWUP OFFICE VISIT	41.40*	41.40*	40.00	33.10*	31.50*		33.10*	33.10+	10	
11 BRIEF FOLLOWUP HOME VISIT .	16.60*	16.60*	16.60*	16.60*	16.60*	19.90*	16.60*	16.60*	11	
12 LIMITEO FOLLOWUP HOME VISIT					18.00	24.80*	24.80*	20.00*	12	
13 INTERMOIATE F/U HOME VISIT								20.00	13	
14 EXTENDED CARE FACILITY VISIT					15.00	14.80*	15.00	15.00	14	
15 BRIEF F/U NURSING HOME VISIT	15.00	15.00	11.60*	15.00	15.00	16.60*	10.00*	15.00	15	
16 INITIAL BRIEF HOSPITAL VISIT	33.10*	25.00+	24.80*	24.80*	33.10+	33.10*	24.80*	24.80*	16	
17 INIT INTERMED HOSPITAL VISIT	00.10	23.00	24.00	24.00	41.40*	41.40*	25.00+	49.80*	17	
18 INITIAL COMP HOSPITAL VISIT	58.00*	58.00+	49.80*	58.00*	58.00+	66.30*	41.30+	49.80*	18	
19 BRIEF FOLLOWUP HOSPITAL VISIT	16.60*	16.60*	11.60+	11.60*	15.00	16.60*	12.40*	13.25*	19	
20 LIMITEO F/U HOSPITAL VISIT	18.80*	20.00*	16.60*	18.00*	18.80+	16.60*	23.50*	18.80*	20	
21 INTERMEO F/U HOSPITAL VISIT	16.60*	20.90*	14.20+	12.40*	25.00	16.60*	25.00	12.60*	21	
22 EXTENDED F/U HOSPITAL VISIT	10.00+	20.50*	14.20*	12.40*	25.00	31.30*	25.00	23.10*	22	
23 BRIEF EMERGENCY ROOM VISIT					23.80*	19.80+	20.00*	18.50*	23	
24 LIMITEO EMERGENCY ROOM VISIT					25.00	20.70*	25.00	25.00	24	
25 INTERMED EMERGENCY ROOM VISIT	04 00+	24.80*	05 00	04.00+	38.10+	39.40*	40.10*	37.00*	25	
26 LIMITEO CONSULTATION	24.80*	24.80*	25.00	24.80*	41.40+	25.00*	33.10*	24.80*	26	
27 EXTENSIVE CONSULTATION					41.40+	41.40*	41.40*	41.40*	27	
28 COMPREHENSIVE CONSULTATION					58.00+	58.00+	50.00	58.00*	28	
29 PSYCHOTHERAPY-ONE HOUR					55.00	57.70*	50.00	60.00	_ 29	
30 PSYCHOTHERAPY-HALF HOUR					35.00	35.90*	34.00	30.00	30	
31 CHIROPRACTIC OFFICE VISIT	10.60*	11.20*	10.60*	10.60*	13.10+	11.20*	11.75*	11.75*	31	
32 INITIAL PHYSIOTHERAPY					13.00+	11.60*	10.60*	10.60*	32	
33 F/U PODIATRIC OFFICE VISIT									33	
34 ELECTROCAROIOGRAM (EKG)	24.80*	24.80*	24.80*	24.80*	24.80*	25.00	21.00	24.80*	34	
35 EKG-INTERPRET AND REPORT ONLY	7.50	7.50	7.50	7.50	8.40*	7.90*	10.00	10.00	35	
36 SPIROMETRY					20.00*	20.00*	20.00*	20.00*	36	
37 ELECTROENCEPHALOGRAM (EEG)					65.00	67.75	67.50	63.40*	37	
38 CHEMOTHERAPY	•								38	
39 COLLECTION OF SPECIMENS					5.00	8.20	5.50	4.70*	39	
40 DEBRIDEMENT OF NAILS					16.00	16.60+	12.00	15.00	40	
41 SKIN BIOPSY					24.80+	35.00	24.80*	35.00	4 1	
42 CHEMOCAUTERY					16.60*	16.60*	16.60*	16.60*	42	

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828.90\*

20.00

3184.00

1657.80\*

21.00

134.40\*

40.00\*

350.00\*

895.20+

828.90\*

414.50+

41.40+

19.00\*

18.40\*

134.40\*

40.00 \*

350.00+

700.00\*

828.90+

33.10+

400.00

3184.00

1600.00

192

18.00

72.90+

18.00

414.50\*

18.00

83.00+

18.00

331.60\*

725.80\*

810.00

1657.80\*

21.00

132.70\*

41.40+

331.60 \*

828.90+

828.90\*

456.00\*

33.10+

19.00\*

681.50\*

20.00

796.00

1657.80 \*

21.00

134.40\*

41.40\*

350.00\*

939.60\*

928.50\*

497.40+

33.10+

43 RADICAL MASTECTOMY

49 BRONCHOSCOPY

54 APPENOECTOMY

55 SIGMOIOOSCOPY

50 THORACENTESIS

44 OPEN REDUCTION OF FRACTURE

45 ARTHROCENTESIS-MAJOR JOINT

47 TOTAL ARTIFICIAL HIP REPLACE

46 CORONARY ARTERY BYPASS

51 CATHERIZATION OF HEART

52 INSERTION OF PACEMAKER

53 PARTIAL COLECTOMY

48 NEEOLE PUNCTURE OF BURSA

	1981 PREVAILING CHARGE SUMMAR		AETNA LIFE A OESIGNATION				_AHOMA ITY OESIGNA	TION FOR SPI	ECIALIST	
	PROCEOURE DESCRIPTION	01	02	03	04	01	02	03	04	
56	HEMORRHOIOECTOMY					414.50*	373.00*	268.60*	290.20*	56
57	CHOLECYSTECTOMY					621.70*	663.20*	596.90*	580.30*	57
58	REPAIR HERNIA					414.50*	431.10*	373.00*	390.00	58
59	OIAGNOSTIC CYSTOURETHROSCOPY	50.00	44.90*	55.20*	45.00	41.40*	50.00	42.70*	45.00	59
	OILATION OF URETHRA					16_60*	16.60*	16.60*	18.00	60
61	PROSTATECTOMY - SUPRAPUBIC						716_2Q*	681.50*	716.20*	61
62	ELECTROSECTION-PROSTATE (TUR)			631.10*		530.60*			746.00*	62
63	HYSTERECTOMY					626.60*	750.00	626.60*		63
64	INITIAL COMPLETE EYE EXAM					26.50*	26.50*	23.60*	23.10*	64
65	COMPREHENSIVE EYE EXAM					40.00	35.00	35.00	30.00	65
66	EYE EXAM WITH TONOMETRY					15.00	11.90*	15.00	13.00	66
	EXTRACTION OF LENS	631.10*	631.10*	631.10*	631.10*	631.10*	631.10*	631.10*	631.10*	67
	CHEST X-RAY - SINGLE VIEW	19.90*	19.90*	20.00	20.00	19.90*	24.80*	18.00	19.90*	68
	CHEST X-RAY - TWO VIEWS	28.25*	30.00	24.80*	29.90*	26.00	26.50*	24.80*	22.00	69
	X-RAY SPINE					30.00	33.10*	28.90*	33.10*	70
	X-RAY HIP					26.50*	24.80*	24.80*	26.50*	71
	X-RAY UPPER GI TRACT	55.50	58.00*	41.40*	49.80*	66.00	49.80*	41.40*	39.80*	72
	X-RAY COLON					53.00*	49.80*	51.00		73
	RADIATION THERAPY-LOW VOLT	20.00	22.00	20.00	19.00*	20.00	22.00	20.00	20.00	74
	RADIATION THERAPY-SUPER VOLT									75
	RADIATION THERAPY-MEGAVOLT									76
	CAT SCAN - HEAD									77
	CAT SCAN - ABOOMEN					05.00	00 50	20.00	17.00	78
	THREE CHEMISTRY TESTS					25.00	28.50	30.00	17.00	79
	NINETEEN CHEMISTRY TESTS					29.00	35.00	45.00	30.00	80
	CULTURE - OTHER THAN BLOOD HEMOGLOBIN					13.50	8.00	10.00	16.50	81
						4.50L	2,50L	4.00L	3.00L	82
	WHITE CELL COUNT					10.00 4.50L	4.25L	10.50 4.50L	12.00 3.00L	83 <b>84</b>
	COMPLETE BLOOD COUNT (CBC)					9.50L	9.00L	10.00L	9.00L	85
	CHOLESTEROL TEST					8.00L	7.00L	8.00L	6.00L	86
	FLOCCULATION TEST					7.00	5.00	7.00	7.00	87
	HEMATOCRIT					3.00L	3.00L	4.00L	7.00	88
	PLATELET COUNT (REES-ECKER)					8.00	7.50	6.00	6.50	89
	POTASSIUM TEST - BLOOD					9.00	9.00	10.00	11.00	90
	PROTHROMBIN TIME TEST					6.00L	6.00L	6.00L	5.50L	91
	SEDIMENTATION RATE					5.00L	5.00L	5.00L	5.00L	92
	BLOOD SUGAR ·					7.00L	7.00L	7.00L	6.25L	93
	BUN-UREA - NITROGEN					8.00L	7.00L	9.00L	7.00L	94
	URIC ACID					8.00L	7.00L	8.00L	7.00L	95
96	FECES-OCCULT BLOOD-SCREENING					5.00	4.10*	6.00	6.25	96
97	PAP TEST					7.50L	8.00L	10.00L	6.50L	97
98	ROUTINE URINALYSIS					6.00L	5.00L	5.00L	5.00L	98
99	CHEMICAL URINALYSIS					3.00	3.00	3.00	3.00	99
100	PATHOLOGY - THREE SPECIMENS					23.00	18.00	20.00	20.10*	100
	ELEC MONITORING-PACEMAKER					21.50*	18.90*	22.80*	22.00*	101
	OONOR NEPHRECTOMY-UNILATERAL								804.60*	102
	KIONEY TRANSPLANT					872.80*	1207.00	1207.00	1207.00	103
	HOSPITAL BEO - RENTAL					46.80	46.80	41.60		104
	WALKER - RENTAL					15.00	15.00	15.00	40 404	105
	WHEELCHAIR - RENTAL					22.90L		20.80L	18.40L	106
	LIQUIO OXYGEN - RENTAL								75.92	107
	HOSPITAL BED - PURCHASE					000 00	200 40	200 20		108
	WALKER - PURCHASE					228.80	228.40	228.80	262 70	109
110	WHEELCHAIR - PURCHASE					322.40	322.40	265.00	262.70	110

1 INITIAL BRIEF OFFICE VISIT 2 INITIAL LIMITED OFFICE VISIT 3 INITIAL INTERMEO OFFICE VISIT 4 INITIAL COMP OFFICE VISIT 5 SOO* 5 MINIMAL FOLLOWUP OFFICE VISIT 6 SOO* 6 BRIEF FOLLOWUP OFFICE VISIT 7 LIMITED FOLLOWUP OFFICE VISIT 8 8 40* 7 LIMITED FOLLOWUP OFFICE VISIT 13 25* 8 INTERMEDIATE F/U OFFICE VISIT 16 SOO* 8 INTERMEDIATE F/U OFFICE VISIT 16 SOO* 9 EXTENDED F/U OFFICE VISIT 17 OO* 10 COMP FOLLOWUP OFFICE VISIT 18 AD O* 10 COMP FOLLOWUP HOME VISIT 10 COMP FOLLOWUP HOME VISIT 11 BRIEF FOLLOWUP HOME VISIT 12 LIMITED FOLLOWUP HOME VISIT 13 INTERMOIATE F/U HOME VISIT 14 EXTENDED CARE FACILITY VISIT 15 BRIEF F/U NURSING HOME VISIT 15 BRIEF F/U NURSING HOME VISIT 16 INITIAL BRIEF HOSPITAL VISIT 17 INITI INTERMED HOSPITAL VISIT 18 INITIAL COMP HOSPITAL VISIT 19 BRIEF FOLLOWUP HOSPITAL VISIT 19 BRIEF FOLLOWUP HOSPITAL VISIT 10 INITIAL COMP HOSPITAL VISIT 11 AL OO* 12 LIMITED FOLLOWUP HOSPITAL VISIT 13 AL OO* 14 LIMITED FOLLOWUP HOSPITAL VISIT 15 OO* 16 LIMITED FOLLOWUP HOSPITAL VISIT 17 OO* 18 LIMITED FOLLOWUP HOSPITAL VISIT 19 OO*	
2 INITIAL LIMITED OFFICE VISIT 3 INITIAL INTERMED OFFICE VISIT 4 INITIAL COMP OFFICE VISIT 5 MINIMAL FOLLOWUP OFFICE VISIT 6 MINIMAL FOLLOWUP OFFICE VISIT 7 LIMITED FOLLOWUP OFFICE VISIT 8 .40* 8 .40* 8 .40* 7 LIMITED FOLLOWUP OFFICE VISIT 13 .25* 16 .60* 8 INTERMEDIATE F/U OFFICE VISIT 13 .25* 16 .60* 9 EXTENDED F/U OFFICE VISIT 16 .60* 17 .00* 18 INTERMEDIATE F/U OFFICE VISIT 18 .60* 19 EXTENDED F/U OFFICE VISIT 10 .00MP FOLLOWUP OFFICE VISIT 11 .60* 12 LIMITED FOLLOWUP HOME VISIT 13 INTERMEDIATE F/U HOME VISIT 14 EXTENDED CARE FACILITY VISIT 15 BRIEF F/U NURSING HOME VISIT 16 INITIAL BRIEF HOSPITAL VISIT 17 INIT INTERMED HOSPITAL VISIT 18 INITIAL COMP HOSPITAL VISIT 19 BRIEF FOLLOWUP HOSPITAL VISIT 19 BRIEF FOLLOWUP HOSPITAL VISIT 24 .80* 17 INIT INTERMED HOSPITAL VISIT 24 .80* 18 INITIAL COMP HOSPITAL VISIT 24 .80* 19 BRIEF FOLLOWUP HOSPITAL VISIT 25 .00 20 LIMITED F/U HOSPITAL VISIT 20 .00* 21 INTERMED F/U HOSPITAL VISIT 22 EXTENDED F/U HOSPITAL VISIT 25 .00 26 LIMITED F/U HOSPITAL VISIT 27 .00 .00* 28 JINTERMED F/U HOSPITAL VISIT 29 .00 20 .00 21 INTERMED F/U HOSPITAL VISIT 25 .00	1
1	2
4 INITIAL COMP OFFICE VISIT 35.00* 6.00* 6.00 6 BRIEF FOLLOWUP OFFICE VISIT 8.40* 8.40* 16.00 8 INTERMEDIATE F/U OFFICE VISIT 13.25* 16.00 8 INTERMEDIATE F/U OFFICE VISIT 25.00 25.25* 17.00* 9.00* 9.00* 9.	3
5 MINIMAL FOLLOWUP OFFICE VISIT 6.60* 6 BRIEF FOLLOWUP OFFICE VISIT 7 LIMITED FOLLOWUP OFFICE VISIT 13.25* 16.00 8 INTERMEDIATE F/U OFFICE VISIT 16.60* 9 EXTENDED F/U OFFICE VISIT 10 COMP FOLLOWUP OFFICE VISIT 11 BRIEF FOLLOWUP HOME VISIT 12 LIMITED FOLLOWUP HOME VISIT 13 INTERMEDIATE F/U HOME VISIT 14 EXTENDED CARE FACILITY VISIT 15 BRIEF F/U NURSING HOME VISIT 16 INITIAL BRIEF HOSPITAL VISIT 17 INIT INTERMED HOSPITAL VISIT 18 INITIAL COMP HOSPITAL VISIT 19 BRIEF FOLLOWUP HOSPITAL VISIT 10 LIMITED FOLLOWUP HOSPITAL VISIT 11 BRIEF FOLLOWUP HOSPITAL VISIT 12 LIMITED COMP HOSPITAL VISIT 13 INTERMED HOSPITAL VISIT 14 EXTENDED CARE FACILITY VISIT 15 BRIEF F/U NURSING HOME VISIT 16 INITIAL COMP HOSPITAL VISIT 17 INIT INTERMED HOSPITAL VISIT 18 INITIAL COMP HOSPITAL VISIT 19 BRIEF FOLLOWUP HOSPITAL VISIT 20 LIMITED F/U HOSPITAL VISIT 21 INTERMED F/U HOSPITAL VISIT 22 EXTENDED F/U HOSPITAL VISIT 25 DOO	4
BRIEF FOLLOWUP OFFICE VISIT	5
8 INTERMEDIATE F/U OFFICE VISIT 9 EXTENDED F/U OFFICE VISIT 25.00 25.25* 10 COMP FOLLOWUP OFFICE VISIT 33.10* 11 BRIEF FOLLOWUP HOME VISIT 12 LIMITED FOLLOWUP HOME VISIT 13 INTERMOIATE F/U HOME VISIT 14 EXTENDED CARE FACILITY VISIT 15 BRIEF F/U NURSING HOME VISIT 16 INITIAL BRIEF HOSPITAL VISIT 17 INIT INTERMED HOSPITAL VISIT 18 INITIAL COMP HOSPITAL VISIT 19 BRIEF FOLLOWUP HOSPITAL VISIT 19 BRIEF FOLLOWUP HOSPITAL VISIT 20 LIMITED F/U HOSPITAL VISIT 31.60* 24.80* 25.00 25.25* 25.	6
9 EXTENDED F/U OFFICE VISIT 25.00 10 COMP FOLLOWUP OFFICE VISIT 33.10* 11 BRIEF FOLLOWUP HOME VISIT 16.00 12 LIMITED FOLLOWUP HOME VISIT 3 INTERMOIATE F/U HOME VISIT 4 EXTENDED CARE FACILITY VISIT 15 BRIEF F/U NURSING HOME VISIT 16 INITIAL BRIEF HOSPITAL VISIT 17 INIT INTERMED HOSPITAL VISIT 18 INITIAL COMP HOSPITAL VISIT 19 BRIEF FOLLOWUP HOSPITAL VISIT 20 LIMITED F/U HOSPITAL VISIT 21.60* 25.25* 31.50* 31.50* 14.20* 14.20* 31.10* 32.40* 33.10* 41.40* 49.80* 49.80* 49.80* 49.80* 49.80* 49.80* 49.80* 49.80* 49.80* 49.80* 49.80* 49.80* 49.80* 49.80* 40.80*	7
10 COMP FOLLOWUP OFFICE VISIT 11 BRIEF FOLLOWUP HOME VISIT 11 BRIEF FOLLOWUP HOME VISIT 12 LIMITEO FOLLOWUP HOME VISIT 13 INTERMOIATE F/U HOME VISIT 14 EXTENDEO CARE FACILITY VISIT 15 BRIEF F/U NURSING HOME VISIT 16 INITIAL BRIEF HOSPITAL VISIT 17 INIT INTERMEO HOSPITAL VISIT 18 INITIAL COMP HOSPITAL VISIT 19 BRIEF FOLLOWUP HOSPITAL VISIT 20 LIMITEO F/U HOSPITAL VISIT 21 LOO* 21 INTERMEO F/U HOSPITAL VISIT 21 LOO* 22 EXTENDEO F/U HOSPITAL VISIT 23 LOO* 23 LOO* 24 LOO* 25 LOO* 25 LOO* 26 EXTENDEO F/U HOSPITAL VISIT 27 LOO* 28 LOO* 29 EXTENDEO F/U HOSPITAL VISIT 29 LOO* 20 LOO* 21 LOO* 25 LOO* 26 EXTENDEO F/U HOSPITAL VISIT 27 LOO* 28 LOO* 29 LOO* 20 LOO* 20 LOO* 21 LOO* 25 LOO* 26 LOO* 27 LOO* 28 LOO* 29 LOO* 20 LOO* 20 LOO* 21 LOO* 25 LOO* 26 LOO* 27 LOO* 28 LOO* 29 LOO* 20 LOO* 20 LOO* 21 LOO* 25 LOO* 26 LOO* 27 LOO* 27 LOO* 28 LOO* 29 LOO* 20 LOO* 20 LOO* 20 LOO* 21 LOO* 25 LOO* 26 LOO* 27 LOO* 28 LOO* 29 LOO* 20 LOO* 20 LOO* 20 LOO* 21 LOO* 25 LOO* 26 LOO* 27 LOO* 28 LOO* 29 LOO* 20 LOO* 20 LOO* 20 LOO* 21 LOO* 25 LOO* 26 LOO* 27 LOO* 28 LOO* 29 LOO* 20 LOO* 20 LOO* 20 LOO* 21 LOO* 22 LOO* 23 LOO* 25 LOO* 26 LOO* 27 LOO* 28 LOO* 29 LOO* 20 LOO* 20 LOO* 21 LOO* 21 LOO* 22 LOO* 23 LOO* 24 LOO* 25 LOO* 26 LOO* 27 LOO* 28 LOO* 29 LOO* 20 LOO* 20 LOO* 21 LOO* 21 LOO* 22 LOO* 23 LOO* 24 LOO* 25 LOO* 26 LOO* 27 LOO* 28 LOO* 29 LOO* 20 LOO* 20 LOO* 21 LOO* 21 LOO* 22 LOO* 23 LOO* 24 LOO* 25 LOO* 26 LOO* 27 LOO* 28 LOO* 29 LOO* 20 LOO* 20 LOO* 21 LOO* 21 LOO* 21 LOO* 22 LOO* 23 LOO* 24 LOO* 25 LOO* 26 LOO* 27 LOO* 27 LOO* 28 LOO* 29 LOO* 20 LOO* 20 LOO* 21 LOO* 21 LOO* 21 LOO* 22 LOO* 23 LOO* 24 LOO* 25 LOO* 26 LOO* 27 LOO* 27 LOO* 28 LOO* 29 LOO* 20 LOO* 20 LOO* 21 LOO* 21 LOO* 21 LOO* 22 LOO* 23 LOO* 24 LOO* 25 LOO* 26 LOO* 27 LOO* 27 LOO* 28 LOO* 29 LOO* 20 LOO* 20 LOO* 20 LOO* 21 LOO* 21 LOO* 22 LOO* 23 LOO* 24 LOO* 25 LOO* 26 LOO* 27 LOO* 27 LOO* 28 LOO* 29 LOO* 20 LOO* 20 LOO* 21 LOO* 21 LOO* 21 LOO* 21 LOO* 22 LOO* 23 LOO* 24 LOO* 25 LOO* 26 LOO* 27 LOO* 27 LOO* 28 LOO* 28 LOO* 29 LOO* 20 LOO* 20 LOO* 20 LOO*	8
11 BRIEF FOLLOWUP HOME VISIT 12 LIMITED FOLLOWUP HOME VISIT 13 INTERMOIATE F/U HOME VISIT 14 EXTENDED CARE FACILITY VISIT 15 BRIEF F/U NURSING HOME VISIT 16.00 11.60* 11.60* 12.10* 14.20* 15.00 14.20* 14.20* 14.20* 14.20* 14.20* 14.20* 14.20* 14.20* 14.40* 15.00 16.00 15.00	9
12 LIMITED FOLLOWUP HOME VISIT 13 INTERMOIATE F/U HOME VISIT 14 EXTENDED CARE FACILITY VISIT 15 BRIEF F/U NURSING HOME VISIT 16 INITIAL BRIEF HOSPITAL VISIT 17 INIT INTERMED HOSPITAL VISIT 18 INITIAL COMP HOSPITAL VISIT 19 BRIEF FOLLOWUP HOSPITAL VISIT 20 LIMITED F/U HOSPITAL VISIT 21.60* 22 EXTENDED F/U HOSPITAL VISIT 24.80* 24.80* 24.80* 24.80* 24.80* 24.80* 24.80* 24.80* 24.80* 24.80* 25.00	10
13 INTERMOIATE F/U HOME VISIT 14 EXTENDED CARE FACILITY VISIT 15 BRIEF F/U NURSING HOME VISIT 16 INITIAL BRIEF HOSPITAL VISIT 17 INIT INTERMED HOSPITAL VISIT 18 INITIAL COMP HOSPITAL VISIT 19 BRIEF FOLLOWUP HOSPITAL VISIT 20 LIMITED F/U HOSPITAL VISIT 21 INTERMED F/U HOSPITAL VISIT 22 EXTENDED F/U HOSPITAL VISIT 25 00	11
14 EXTENDED CARE FACILITY VISIT  15 BRIEF F/U NURSING HOME VISIT  11.60*  14.40*  15 INITIAL BRIEF HOSPITAL VISIT  16 INITIAL COMP HOSPITAL VISIT  17 INIT INTERMED HOSPITAL VISIT  18 INITIAL COMP HOSPITAL VISIT  19 BRIEF FOLLOWUP HOSPITAL VISIT  20 LIMITED F/U HOSPITAL VISIT  21.60*  22 EXTENDED F/U HOSPITAL VISIT  25.00	12
15 BRIEF F/U NURSING HOME VISIT 11.60* 24.80* 24.80* 24.80* 33.10* 18 INITIAL COMP HOSPITAL VISIT 41.40* 19 BRIEF FOLLOWUP HOSPITAL VISIT 20 LIMITEO F/U HOSPITAL VISIT 21 INTERMEO F/U HOSPITAL VISIT 21 INTERMEO F/U HOSPITAL VISIT 22 EXTENDEO F/U HOSPITAL VISIT 25.00	13
16 INITIAL BRIEF HOSPITAL VISIT       24.80*       24.80*         17 INIT INTERMED HOSPITAL VISIT       33.10*         18 INITIAL COMP HOSPITAL VISIT       41.40*       49.80*         19 BRIEF FOLLOWUP HOSPITAL VISIT       13.25*       11.60*         20 LIMITED F/U HOSPITAL VISIT       20.00*       20.00         21 INTERMED F/U HOSPITAL VISIT       11.60*       8.40*         22 EXTENDED F/U HOSPITAL VISIT       25.00	14
17 INIT INTERMED HOSPITAL VISIT 18 INITIAL COMP HOSPITAL VISIT 19 BRIEF FOLLOWUP HOSPITAL VISIT 20 LIMITED F/U HOSPITAL VISIT 21 INTERMED F/U HOSPITAL VISIT 22 EXTENDED F/U HOSPITAL VISIT 25.00	15
18 INITIAL COMP HOSPITAL VISIT       41.40*       49.80*         19 BRIEF FOLLOWUP HOSPITAL VISIT       13.25*       11.60*         20 LIMITED F/U HOSPITAL VISIT       20.00*       20.00         21 INTERMED F/U HOSPITAL VISIT       11.60*       8.40*         22 EXTENDED F/U HOSPITAL VISIT       25.00	16
19 BRIEF FOLLOWUP HOSPITAL VISIT       13.25*       11.60*         20 LIMITED F/U HOSPITAL VISIT       20.00*       20.00         21 INTERMED F/U HOSPITAL VISIT       11.60*       8.40*         22 EXTENDED F/U HOSPITAL VISIT       25.00	17
20 LIMITED F/U HOSPITAL VISIT       20.00*       20.00         21 INTERMED F/U HOSPITAL VISIT       11.60*       8.40*         22 EXTENDED F/U HOSPITAL VISIT       25.00	18
21 INTERMED F/U HOSPITAL VISIT 11.60* 8.40* 22 EXTENDED F/U HOSPITAL VISIT 25.00	19
22 EXTENDED F/U HOSPITAL VISIT 25.00	20
	21
23 BRIEF EMERGENCY ROOM VISIT 19.00*	22
	23
24 LIMITED EMERGENCY ROOM VISIT 23.60*	24
25 INTERMED EMERGENCY ROOM VISIT 33.10*	25
26 LIMITED CONSULTATION 24.80* 30.00*	26
27 EXTENSIVE CONSULTATION 49.80*	27
28 COMPREHENSIVE CONSULTATION 49.80*	28
29 PSYCHOTHERAPY-ONE HOUR 55.00	29
30 PSYCHOTHERAPY-HALF HOUR 35.90*	30
31 CHIROPRACTIC OFFICE VISIT 10.60* 11.75*	31
32 INITIAL PHYSIOTHERAPY 8.80*	32
33 F/U POOIATRIC OFFICE VISIT	33
34 ELECTROCAROIOGRAM (EKG) 24.80* 24.80*	34
35 EKG-INTERPRET AND REPORT ONLY 7.50 8.40*	35
36 SPIROMETRY 20.00	36
37 ELECTROENCEPHALOGRAM (EEG) 67.50	37
38 CHEMOTHERAPY	38
39 COLLECTION OF SPECIMENS 5.00	39
40 DEBRIDEMENT OF NAILS 16.60*	40
	41
42 CHEMOCAUTERY 16.60*	42
	43
	44
45 ARTHROCENTESIS-MAJOR JOINT 18.00 19.00*	45
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55 SIGMOIOOSCOPY 24.80*	55

109 WALKER - PURCHASE

110 WHEELCHAIR - PURCHASE

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#### PROCEOURE DESCRIPTION 99 99 56 HEMORRHOIDECTOMY 298,40\* 56 57 CHOLECYSTECTOMY 580.30\* 57 58 58 REPAIR HERNIA 373.00\* 59 OIAGNOSTIC CYSTOURETHROSCOPY 49.80\* 50.00 59 60 DILATION OF URETHRA 24.80\* 60 61 PROSTATECTOMY - SUPRAPUBIC 716.20\* 61 62 ELECTROSECTION-PROSTATE (TUR) 165.80\* 716.20\* 62 626.60\* 63 63 HYSTERECTOMY 64 INITIAL COMPLETE EYE EXAM 26.50\* 64 65 65 COMPREHENSIVE EYE EXAM 35.00 66 EYE EXAM WITH TONOMETRY 15.00 66 107.80\* 631.10\* 67 67 EXTRACTION OF LENS 68 CHEST X-RAY - SINGLE VIEW 19.90\* 19.90\* 68 24.80\* 69 69 CHEST X-RAY - TWO VIEWS 24.80\* 70 X-RAY SPINE 30.00 70 71 71 X-RAY HIP 33.10\* 72 72 X-RAY UPPER GI TRACT 58.00\* 49.80\* 73 X-RAY COLON 35.00\* 73 74 RADIATION THERAPY-LOW VOLT 19.00\* 20.00 74 75 75 RADIATION THERAPY-SUPER VOLT 76 RADIATION THERAPY-MEGAVOLT 76 77 77 CAT SCAN - HEAO 78 78 CAT SCAN - ABOOMEN 79 THREE CHEMISTRY TESTS 25.50 79 80 35.00 80 NINETEEN CHEMISTRY TESTS 81 CULTURE - OTHER THAN BLOOD 10.00 81 82 HEMOGLOBIN 4.00L 82 10.00 83 83 AUTOMATEO BLOOD COUNT 84 84 WHITE CELL COUNT 4.00L 85 COMPLETE BLOOD COUNT (CBC) 9.00L 85 8.00L 86 86 CHOLESTEROL TEST 87 5.00\* 87 FLOCCULATION TEST 88 HEMATOCRIT 3.00L 88 9.00 89 89 PLATELET COUNT (REES-ECKER) 10.00 90 90 POTASSIUM TEST - BLOOD 91 7.00L 91 PROTHROMBIN TIME TEST 6.00L 92 92 SECIMENTATION RATE 93 7.00L 93 BLOOD SUGAR 7.50L 94 94 BUN-UREA - NITROGEN 8.50L 95 95 URIC ACIO 96 5.00 96 FECES-OCCULT BLOOD-SCREENING 97 10.00L 97 PAP TEST 5.00L 98 98 ROUTINE URINALYSIS 3.00 99 99 CHEMICAL URINALYSIS 24.00 100 100 PATHOLOGY - THREE SPECIMENS 20.90\* 101 101 ELEC MONITORING-PACEMAKER 1019.00 102 102 DONOR NEPHRECTOMY-UNILATERAL 1207.00 103 103 KIONEY TRANSPLANT 104 104 HOSPITAL BEO - RENTAL 15.00 105 105 WALKER - RENTAL 255.00L 106 106 WHEELCHAIR - RENTAL 107 107 LIQUID OXYGEN - RENTAL 25.00L 108 108 HOSPITAL BEO - PURCHASE

	1981 PREVAILING CHARGE SUMMARY			T.,SOCIAL AN			AHOMA TY OESIGNAT	ION FOR SPE	CIALIST .	
	PROCEOURE DESCRIPTION	01	02	03	04	01	02	03	04	
1	INITIAL BRIEF OFFICE VISIT					20.00 P	24.80*P	20.00 P	16.60*P	1
	INITIAL LIMITED OFFICE VISIT	33.10*P	25.00*P	20.00*P	20.00 P	35.00 P	25.00 P	30.00 P	33.10*P	2
3	INITIAL INTERMED OFFICE VISIT					8.40*P	15.80*P	8.40*P	15.00*P	3
4	INITIAL COMP OFFICE VISIT	49.80*P	41.40*P	52.00 P	35.00*P	40.00 P	58.00*P	41.40*P	35.40*P	4
5	MINIMAL FOLLOWUP OFFICE VISIT	6.60*P	8.40*P	6.60*P	3.00 P	6.00 P	8.50*P	8.00 P	4.90*P	5
6	BRIEF FOLLOWUP OFFICE VISIT	10.00*P	10.00*P	8.40*P	10.00*P	10.00*P	12.40*P	10.00*P	10.00*P	6
7	LIMITED FOLLOWUP OFFICE VISIT	16.60*P	15.00 P	16.60*P	16.60*P	16.60*P	16.60*P	14.00 P	15.00 P	7
8	INTERMEDIATE F/U OFFICE VISIT	20.00 P	16.60*P	16.60*P	20.00 P	19.00 P	20.00 P	18.00 P	18.00 P	8
9	EXTENDEO F/U OFFICE VISIT	30.70*P	25.25*P	25.25*P	25.25*P	41.40*P	25.25*P	25.25*P	25.25*P	9
10	COMP FOLLOWUP OFFICE VISIT	41.40*P	41.40*P	40.00 P	33.10*P	31.50*P	31.50*P	33.10*P	33.10*P	10
1.1	BRIEF FOLLOWUP HOME VISIT	16.60*P	16.60*P	16.60*P	16.60*P	16.60*P	19.90*P	16.60*P	16.60*P	11
	LIMITEO FOLLOWUP HOME VISIT INTERMDIATE F/U HOME VISIT					18.00 P	24.80*P	24.80*P	20.00*P	12
	EXTENDED CARE FACILITY VISIT					15.00 P	14.80*P	15.00 P	15.00 P	14
	BRIEF F/U NURSING HOME VISIT	15.00 P	15.00 P	11.6D+P	15.00 P	15.00 P	16.60*P	10.00*P		15
	INITIAL BRIEF HOSPITAL VISIT	33.10*P	25.00*P	24.80+P	24.80+P	33.10+P	33.10+P	24.80*P	24.80*P	16
	INIT INTERMED HOSPITAL VISIT					41.40*P	41.40+P	25.00*P	49.80*P	17
	INITIAL COMP HOSPITAL VISIT	58.00*P	58.00*P	49.80*P	58.00*P	58.00*P	66.30*P	41.30*P	49.80*P	18
	BRIEF FOLLOWUP HOSPITAL VISIT	16.60*P	16.60*P	11.60*P	11.60*P	15.00 P	16.60*P	12.40+P	13.25*P	19
	LIMITEO F/U HOSPITAL VISIT	18.80*P	20.00*P	16.60+P	18.00*P	18.80*P	16.60*P	23.50*P	18.80*P	20
	INTERMEO F/U HOSPITAL VISIT	16.60*P	20.90*P	14.20*P	12.40*P	25.00 P	16.60*P	25.00 P	12.60*P	21
	EXTENDED F/U HOSPITAL VISIT					25.00 P	31.30*P	25.00 P	23.10*P	22
	BRIEF EMERGENCY ROOM VISIT					23.80*P	19.80*P	20.00*P	18.50*P	23
	LIMITED EMERGENCY ROOM VISIT					25.00 P	20.70*P	25.00 P	25.00 P	24
	INTERMED EMERGENCY ROOM VISIT					38.10*P	39.40+P	40.10*P	37.00*P	25
	LIMITED CONSULTATION	24.80+P	24.80*P	25.00 P	24.80*P	41.40+P	25.00*P	33.10*P	24.80*P	26
	EXTENSIVE CONSULTATION					41.40+P	41.40*P	41.40+P	41.40*P	27
	COMPREHENSIVE CONSULTATION					58.00*P	58.00*P	50.00 P	58.00*P	28
29	PSYCHOTHERAPY-ONE HOUR					55.00 P	57.70*P	50.00 P	60.00 P	29
	PSYCHOTHERAPY-HALF HOUR					35.00 P	35.90*P	34.00 P	30.00 P	30
31	CHIROPRACTIC OFFICE VISIT	10.60*P	11.20*P	10.60*P	10.60*P	13.10*P	11.20*P	11.75*P	11.75*P	31
	INITIAL PHYSIOTHERAPY					13.00*P	11.60*P	10.60*P	10.60*P	32
33	F/U PODIATRIC OFFICE VISIT									33
34	ELECTROCAROIOGRAM (EKG)	24.80*P	24.80*P	24.80*P	24.80*P	24.80+P	25.00 P	21.00 P	24.80*P	34
	EKG-INTERPRET AND REPORT ONLY	7.50 P	7.50 P	7.50 P	7.50 P	8.40*P	7.90*P	10.00 P	10.00 P	35
	SPIROMETRY					20.00*P	20.00*P	20.00*P	20.00*P	36
37	ELECTROENCEPHALOGRAM (EEG)					65.00 P	67.75 P	67.50 P	63.40*P	37
38	CHEMOTHERAPY									38
39	COLLECTION OF SPECIMENS					5.00 P	8.20 P	5.50 P	4.70+P	39
	OEBRIDEMENT OF NAILS					16.00 P	16.60*P	12.00 P	15.00 P	40
41	SKIN BIOPSY					24.80*P	35.00 P	24.80*P	35.00 P	41
42	CHEMOCAUTERY					16.60*P	16.60*P	16.60+P	16.60*P	42
43	RADICAL MASTECTOMY									43
44	OPEN REDUCTION OF FRACTURE					725.80*P	681.50*P	126.25*P	828.90*P	44
45	ARTHROCENTESIS-MAJOR JOINT	18.00 P	18.00 P	18.00 P	18.00 P	19.00*P	20.00 P	19.00*P	20.00 P	45
46	CORONARY ARTERY BYPASS					810.00 P	796.00 P	3184.00 P	3184.00 P	46
	TOTAL ARTIFICIAL HIP REPLACE					1657.80*P	1657.80*P	1600.00 P	1657.80*P	47
48	NEEOLE PUNCTURE OF BURSA					21.00 P	21.00 P	18.40+P	21.00 P	48
49	BRONCHOSCOPY					132.70*P	134.40*P	134.40*P	134.40*P	49
50	THORACENTESIS					41.40*P	41.40*P	40.00*P	40.00*P	50
51	CATHERIZATION OF HEART					331.60*P	350.00*P	350.00*P	350.00*P	51
52	INSERTION OF PACEMAKER					828.90*P	939.60+P	700.00*P	895.20*P	52
53	PARTIAL COLECTOMY					828.90*P	928.50+P	828.90*P	828.90*P	53
54	APPENOECTOMY	331.60*P	83.00*P	414.50*P	72.90*P	456.00*P	497.40*P	400.00 P	414.50*P	54
55	SIGMOIOOSCOPY					33.10*P	33.10*P	33.10*P	41.40*P	55

1981 PREVAILING CHARGE SUMMAR		EPT. OF INS DESIGNATION				AHOMA TY DESIGNAT	ION FOR SPE	CIALIST	
PROCEOURE DESCRIPTION	01	02	03	04	01	02	03	04	
56 HEMORRHOIOECTOMY					414.50*P	373.00*P	268.60*P	290.20*P	56
57 CHOLECYSTECTOMY					621.70*P	663.20*P	596.90*P	580.30*P	57
58 REPAIR HERNIA					414.50*P	431.10*P	373.00*P	390.00 P	58
59 OIAGNOSTIC CYSTOURETHROSCOPY	50.00 P	44.90*P	55.20*P	45.00 P	41.40*P	50.00 P	42.70*P	45.00 P	59
60 DILATION OF URETHRA					16.60*P	16.60*P	16.60*P	18.00 P	60
61 PROSTATECTOMY - SUPRAPUBIC					132.70*P	716.20*P	681.50*P	716.20*P	61
62 ELECTROSECTION-PROSTATE (TUR)	138.80*P	165.80*P	631.10*P	132.70*P	530.60*P	175.80*P	137.30*P	746.00*P	62
63 HYSTERECTOMY					626.60*P	750.00 P	626.60*P	127.70*P	63
64 INITIAL COMPLETE EYE EXAM					26.50*P	26.50*P	23.60*P	23.10*P	64
65 COMPREHENSIVE EYE EXAM					40.00 P	35.00 P	35.00 P	30.00 P	65
66 EYE EXAM WITH TONOMETRY					15.00 P	11.90*P	15.00 P	13.00 P	66
67 EXTRACTION OF LENS	631.10*P	631.10*P	631.10*P	631.10*P	631.10*P	631.10*P	631.10*P	631.10*P	67
68 CHEST X-RAY - SINGLE VIEW	19.90*P	19.90*P	20.00 P	20.00 P	19.90*P	24.80*P	18.00 P	19.90*P	68
69 CHEST X-RAY - TWO VIEWS	28.25*P	30.00 P	24.80*P	29.90*P	26.00 P	26.50*P	24.80*P	22.00 P	69
70 X-RAY SPINE					30.00 P	33.10*P	28.90*P	33.10*P	70
71 X-RAY HIP					26.50*P	24.80*P	24.80*P	26.50*P	71
72 X-RAY UPPER GI TRACT	55.50 P	58.00*P	41.40*P	49.80*P	66.00 P	49.80*P	41.40*P	39.80*P	72
73 X-RAY COLON					53.00*P	49.80*P	51.00 P	35.00*P	73
74 RADIATION THERAPY-LOW VOLT	20.00 P	22.00 P	20.00 P	19.00*P	20.00 P	22.00 P	20.00 P	20.00 P	74
75 RADIATION THERAPY-SUPER VOLT									75
76 RADIATION THERAPY-MEGAVOLT							•		76
77 CAT SCAN - HEAD									77
78 CAT SCAN - ABOOMEN									78
79 THREE CHEMISTRY TESTS					25.00 P	28.50 P	30.00 P	17.00 P	79
80 NINETEEN CHEMISTRY TESTS					29.00 P	35.00 P	45.00 P	30.00 P	80
81 CULTURE - OTHER THAN BLOOD					13.50 P	8.00 P	10.00 P	16.50 P	81
82 HEMOGLOBIN					4.50LP	2.50LP	4.00LP	3.00LP	82
83 AUTOMATEO BLOOD COUNT					10.00 P	12.00 P	10.50 P	12.00 P	83
84 WHITE CELL COUNT					4.50LP	4.25LP	4.50LP	3.00LP	84
85 COMPLETE BLOOD COUNT (CBC)					9.50LP	9.00LP	10.00LP	9.00LP	85
86 CHOLESTEROL TEST					8.00LP	7.00LP	8.00LP	6.00LP	86
87 FLOCCULATION TEST					7.00 P	5.00 P	7.00 P	7.00 P	87
88 HEMATOCRIT					3.00LP	3.00LP	4.00LP	2.75LP	88
89 PLATELET COUNT (REES-ECKER)					8.00 P	7.50 P	6.00 P	6.50 P	89
90 POTASSIUM TEST - BLOOD					9.00 P	9.00 P	10.00 P	11.00 P	90
91 PROTHROMBIN TIME TEST					6.00LP	6.00LP	6.00LP	5.50LP	91
92 SEDIMENTATION RATE					5.00LP	5.00LP	5.00LP	5.00LP	92
93 BLOOD SUGAR					7.00LP	7.00LP	7.00LP	6.25LP	93
94 BUN-UREA - NITROGEN					8.00LP	7.00LP	9.00LP	7.00LP	94
95 URIC ACIO					8.00LP	7.00LP	8.00LP	7.00LP	95
96 FECES-OCCULT BLOOD-SCREENING					5.00 P	4.10*P	6.00 P	6.25 P	96
97 PAP TEST					7.50LP	8.00LP	10.00LP	6.50LP	97
98 ROUTINE URINALYSIS					6.00LP	5.00LP	5.00LP	5.00LP	98
99 CHEMICAL URINALYSIS					3.00 P	3.00 P	3.00 P	3.00 P	99
					23.00 P	18.00 P	20.00 P	20. 10*P	100
100 PATHOLOGY - THREE SPECIMENS					21.50*P	18.90*P	22.80*P	22.00*P	101
101 ELEC MONITORING-PACEMAKER					188.50*P	213.00 P	163.10*P	804.60*P	102
102 OONOR NEPHRECTOMY-UNILATERAL					872.80*P	1207.00 P	1207.00 P	1207.00 P	103
103 KIDNEY TRANSPLANT					46.80	46.80	41.60	15.00	104
104 HOSPITAL BEO - RENTAL					15.00 P	15.00 P	15.00 P	13.00	105
105 WALKER - RENTAL					22.90LP	248.56LP	20.80LP	18.40LP	106
106 WHEELCHAIR - RENTAL							516.40	75.92	107
107 LIQUID OXYGEN - RENTAL					516.40	516.40	310.40	75.92 25.72LP	
108 HOSPITAL BEO - PURCHASE					220 00	229 40	220 00	288.80	108
109 WALKER - PURCHASE					228.80	228.40	228.80	262.70	109 110
110 WHEELCHAIR - PURCHASE					322.40	322.40	265.00	202.70	110

PROCEDURE DESCRIPTION	99	99	
1 INITIAL BRIEF OFFICE VISIT		15.00 P	1
2 INITIAL LIMITED OFFICE VISIT	15.00*P	24.80*P	2
3 INITIAL INTERMED DFFICE VISIT		10.00*P	3
4 INITIAL COMP OFFICE VISIT	35.00+P	35.40*P	4
5 MINIMAL FOLLOWUP OFFICE VISIT	6.60*P	6.00 P	5
6 BRIEF FOLLOWUP OFFICE VISIT	8.40*P	8.40*P	6
7 LIMITEO FOLLOWUP OFFICE VISIT	13.25*P	16.00 P	7
8 INTERMEDIATE F/U DFFICE VISIT	16.60*P	17.00+P	8
9 EXTENOED F/U OFFICE VISIT	25.00 P	25.25*P	9
10 COMP FOLLOWUP OFFICE VISIT	33.10*P	31.50*P	10
11 BRIEF FOLLOWUP HOME VISIT	16.00 P	15.00 P	11
12 LIMITEO FOLLOWUP HOME VISIT		24.80*P	12
13 INTERMOIATE F/U HOME VISIT			13
14 EXTENDED CARE FACILITY VISIT		14.20*P	14
15 BRIEF F/U NURSING HOME VISIT	11.60*P	8.40*P	15
16 INITIAL BRIEF HOSPITAL VISIT	24.80*P	24.80*P	16
17 INIT INTERMED HOSPITAL VISIT		33, 10*P	17
18 INITIAL COMP HOSPITAL VISIT	41.40*P	49.80*P	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	13.25*P	11.60*P	19
20 LIMITEO F/U HOSPITAL VISIT	20.00*P	20.00 P	. 20
21 INTERMEO F/U HOSPITAL VISIT	11.60*P	8.40*P	21
22 EXTENDED F/U HOSPITAL VISIT		25.00 P	22
23 BRIEF EMERGENCY ROOM VISIT		19.00*P	23
24 LIMITED EMERGENCY ROOM VISIT		23.60*P	24
25 INTERMED EMERGENCY ROOM VISIT		33.10*P	25
26 LIMITEO CONSULTATION	24.80*P	30.00*P	26
27 EXTENSIVE CONSULTATION		49.80+P	27
28 COMPREHENSIVE CONSULTATION		49.80*P	28
29 PSYCHOTHERAPY-ONE HOUR		55.00 P	29
30 PSYCHOTHERAPY-HALF HOUR		35.90*P	30
31 CHIROPRACTIC OFFICE VISIT	10.60*P	11.75*P	31
32 INITIAL PHYSIOTHERAPY		8.80*P	32
33 F/U POOIATRIC OFFICE VISIT			33
34 ELECTROCAROIOGRAM (EKG)	24.80*P	24.80*P	34
35 EKG-INTERPRET AND REPORT ONLY	7.50 P	8.40*P	35
36 SPIROMETRY		20.00 P	36
37 ELECTROENCEPHALOGRAM (EEG)		67.50 P	37
38 CHEMOTHERAPY			38
39 COLLECTION OF SPECIMENS		5.00 P	39
40 DEBRIDEMENT OF NAILS		16.60*P	40
41 SKIN BIOPSY		37.30*P	41
42 CHEMOCAUTERY		16.60*P	42
43 RADICAL MASTECTOMY			43
44 OPEN REDUCTION OF FRACTURE		94.30*P	44
45 ARTHROCENTESIS-MAJOR JOINT	18.00 P	19.00*P	45
46 CORONARY ARTERY BYPASS		3184.00 P	46
47 TOTAL ARTIFICIAL HIP REPLACE		1657.80*P	47
48 NEEOLE PUNCTURE OF BURSA		21.00 P	48
49 BRONCHOSCOPY		134.40*P	49
50 THORACENTESIS		40.00+P	50
51 CATHERIZATION OF HEART		350.00+P	51
52 INSERTION OF PACEMAKER		946.60*P	52
53 PARTIAL COLECTOMY		775.00 P	53
54 APPENOECTOMY	331.60*P	414.50*P	54
55 SIGMOIOOSCOPY		24.80*P	55

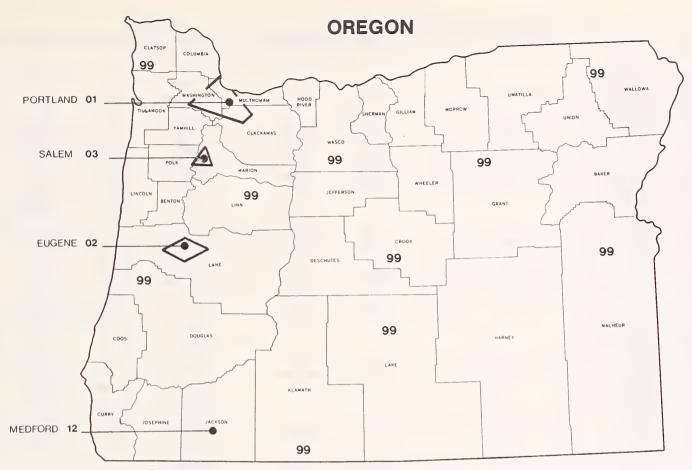
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PROCEOURE DESCRIPTION

99

56 HEMORRHOIOECTOMY		298.40*P	56
57 CHOLECYSTECTOMY		580.30*P	57
58 REPAIR HERNIA		373.00*P	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	49.80*P	50.00 P	59
60 DILATION OF URETHRA		24.80*P	60
61 PROSTATECTOMY - SUPRAPUBIC		716.20*P	61
62 ELECTROSECTION-PROSTATE (TUR)	165.80*P	716.20*P	62
63 HYSTERECTOMY		626.60*P	63
64 INITIAL COMPLETE EYE EXAM		26.50*P	64
65 COMPREHENSIVE EYE EXAM		35.00 P	65
66 EYE EXAM WITH TONOMETRY		15.00 P	66
67 EXTRACTION OF LENS	107.80*P	631.10*P	67
68 CHEST X-RAY - SINGLE VIEW	19.90*P	19.90*P	. 68
69 CHEST X-RAY - TWO VIEWS	24.80*P	24.80*P	69
70 X-RAY SPINE	24.007	30.00 P	70
71 X-RAY HIP		33.10*P	71
72 X-RAY UPPER GI TRACT	58.00*P	49.80*P	72
73 X-RAY COLON	56.00+F	35.00*P	73
74 RADIATION THERAPY-LOW VOLT	19.00*P		74
	19.00↑P	20.00 P	
75 RADIATION THERAPY-SUPER VOLT		•	75 76
76 RADIATION THERAPY-MEGAVOLT			76
77 CAT SCAN - HEAD			77
78 CAT SCAN - ABOOMEN		AF B	78
79 THREE CHEMISTRY TESTS		25.50 P	79
80 NINETEEN CHEMISTRY TESTS		35.00 P	80
81 CULTURE - OTHER THAN BLOOD		10.00 P	81
82 HEMOGLOBIN		4.00LP	82
83 AUTOMATEO BLOOD COUNT		10.00 P	83
84 WHITE CELL COUNT		4.OOLP	84
85 COMPLETE BLOOD COUNT (CBC)		9.00LP	85
86 CHOLESTEROL TEST		8.00LP	86
87 FLOCCULATION TEST		5.00*P	87
88 HEMATOCRIT		3.00LP	88
89 PLATELET COUNT (REES-ECKER)		9.00 P	89
90 POTASSIUM TEST - BLOOD		10.00 P	90
91 PROTHROMBIN TIME TEST		7.00LP	91
92 SECIMENTATION RATE		6.OOLP	92
93 BLOOD SUGAR		7.00LP	93
94 BUN-UREA - NITROGEN		7.50LP	94
95 URIC ACIO		8.50LP	95
96 FECES-OCCULT BLOOD-SCREENING		5.00 P	96
97 PAP TEST		10.00LP	97
98 ROUTINE URINALYSIS		5.00LP	98
99 CHEMICAL URINALYSIS		3.00 P	99
100 PATHOLOGY - THREE SPECIMENS		24.00 P	100
101 ELEC MONITORING-PACEMAKER		20.90*P	101
102 OONOR NEPHRECTOMY-UNILATERAL		1019.00 P	102
103 KIONEY TRANSPLANT		1207.00 P	103
104 HOSPITAL BEO - RENTAL			104
105 WALKER - RENTAL		15.00 P	105
106 WHEELCHAIR - RENTAL		255.00LP	106
107 LIQUIO OXYGEN - RENTAL			107
108 HOSPITAL BEO - PURCHASE		25.00LP	108
109 WALKER - PURCHASE			109
110 WHEELCHAIR - PURCHASE			110
TO WILL BOTTOM TONOTINGE			

OREGON



Five Localities:

- 01 Portland Aloha, Batin, Beaverton, Cedar Hills, Collins View, Powellhurst, Raleigh Hills, Riverdale, Robin Wood, Sandy Sylvan, Errol Heights, Garden Home, Gilbert, Gladstone, Glendoveer, Gresham, Hazelwood, Hillsboro, Jennings Lodge, Kelly Butte, Lake Oswego, Marlene Village, Metzger, Milwaukee, Oakgrove, Orgon City, Parkrose, Tigard, West Linn, West Portland, West Portland Park, West Powellhurst, West Slope
- O2 Eugene Glenwood, River Road, Santa Clara, Springfield, Veneta, Coos Bay and Roseburg
- 03 Salem Four Corners, Hayesville, Keizer, Cornallis, Albany, Lebanon
- 12 Medford, Klamath Falls, Grant's Pass
- 99 Rest of State

(Locality determined by city cited in return address.)

1981 PREVAILIN	G CHARGE SUMMARY		ETNA LIFE A DESIGNATION				EGON ITY OESIGNA	TION FOR SP	ECIALIST	
PROCEDURE DE	SCRIPTION	01	02	03	12	01	02	03	12	
1 INITIAL BRIEF O	FFICE VISIT					16.60*	16.60*	16.50	16.60*	1
2 INITIAL LIMITED		23.50	21.00	22.30	26.50	33.10*	25.00	22.00	35.00	2
3 INITIAL INTERME						16.60*	16.60*	16.60*	16.60*	3
4 INITIAL COMP OF	FICE VISIT	58.00	58.00*	50.00	59.60*	58.00*	58.00*	58.00*	58.00*	4
5 MINIMAL FOLLOWU	P OFFICE VISIT	8.40*	6.60*	7.50	8.40*	12.40*	8.40*	8.40*	8.40*	5
6 BRIEF FOLLOWUP	OFFICE VISIT	12.40*	13.25*	11.60*	11.60*	13.25*	13.25*	11.60*	11.60*	6
7 LIMITED FOLLOWU	P OFFICE VISIT	16.00	16.60*	16.00	16.60*	16.60*	16.60*	16.50	11.60*	7
8 INTERMEDIATE F/	U OFFICE VISIT	18.00	24.00	19.00	21.40	20.00	24.00	18.00	19.90*	8
9 EXTENDED F/U OF	FICE VISIT	25.00	31.90*	30.00	33.00	33.10*	31.90*	28.00	30.00	9
10 COMP FOLLOWUP O	FFICE VISIT	49.80*	41.40*	49.80*	41.40*	55.00	41.40*	41.40*	41.40*	10
11 BRIEF FOLLOWUP	HOME VISIT	24.80*	22.00	24.80*	22.00	24.00	24.00	24.00	24.00	11
12 LIMITEO FOLLOWU	P HOME VISIT					25.00	24.80*	25.00	25.00	12
13 INTERMDIATE F/U	HOME VISIT									13
14 EXTENDED CARE F	ACILITY VISIT					14.00	14.80*	14.80*	14.80*	14
15 BRIEF F/U NURSI	NG HOME VISIT	16.60*	15.00	15.50	16.60*	14.00	16.60*	12.40*	12.40*	15
16 INITIAL BRIEF H	OSPITAL VISIT	24.80*	24.80*	24.80*	24.80*	24.80*	24.80*	24.80*	24.80*	16
17 INIT INTERMEO H	OSPITAL VISIT					41.40*	41.40*	41.40*	41.40*	17
18 INITIAL COMP HO	SPITAL VISIT	58.00*	58.00*	58.00*	64.75*	58.00*	58.00*	58.00*	58.00*	18
19 BRIEF FOLLOWUP	HOSPITAL VISIT	12.40*	12.40+	11.60*	11.60*	13.25*	15.00	11.60*	11.60*	19
20 LIMITEO F/U HOS	PITAL VISIT	17.00	16.60*	19.00	20.00	21.00	16.60*	20.00	16.60*	20
21 INTERMEO F/U HO	SPITAL VISIT	14.90*	14.90*	14.90*	14.90*	14.90*	14.90*	14.90*	14.90*	21
22 EXTENDED F/U HO	SPITAL VISIT					25.00*	25.00*	25.00*	25.00*	22
23 BRIEF EMERGENCY						22.90	22.90	22.90	22.90	23
24 LIMITEO EMERGEN						30.40	30.40	30.40	26.60*	24
25 INTERMED EMERGE						58.50*	38.50+	54.40+	65.60*	25
26 LIMITEO CONSULT		19.50*	31.50*	25.00	30.50	31.60*		31.50*	30.60*	26
27 EXTENSIVE CONSU						46.30*	54.10*	44.20*	59.90*	27
28 COMPREHENSIVE C	DNSULTATION					58.00+	58.00*	58.00*	58.00*	28
29 PSYCHOTHERAPY-0						47.30*	47.30*	45.00*	47.30*	29
30 PSYCHOTHERAPY-H	ALF HOUR					31.60*	35.50*	30.00	30.00	30
31 CHIROPRACTIC OF		14.00	14.00	14.00	14.00	12.10*	11.90*	11.90*	11.90*	31
32 INITIAL PHYSIOT						14.20*	14.20*	20.00	14.20*	32
33 F/U POOIATRIC O										33
34 ELECTROCAROIOGR		26.00	24.80*	27.00	29.90*	24.80*	20.80*	24.80*	29.90*	34
35 EKG-INTERPRET A		12.40*	12.40*	12.40*	14.90*	14.90*	12.40*	11.90*	12.40*	35
36 SPIROMETRY						14.20*	14.20*	13.50+	25.20*	36
37 ELECTROENCEPHAL	DGRAM (EEG)					63.25*	67.80*	67.80*	67.80*	37
38 CHEMOTHERAPY										38
39 COLLECTION OF S	PECIMENS					6.00	10.00	10.00	7.00	39
40 DEBRIOEMENT OF	VAILS					15.00	15.00	15.00	15.00	40
41 SKIN BIOPSY						30.00	24.80*	30.00	23.70*	41
42 CHEMOCAUTERY						24.80*	17.70*	19.90*	24.80*	42
43 RADICAL MASTECT	DMY									43
44 OPEN REDUCTION						769.90*	828.90*	662.60*	179.90*	44
45 ARTHROCENTESIS-		24.80*	24.80*	20.80*	24.80*	20.00*	20.00*	20.00*	20.00*	45
46 CORONARY ARTERY	BYPASS					4170.00	4170.00	4170.00	1470.00*	46
47 TOTAL ARTIFICIA						1656.60*		1656.60+		47
48 NEEOLE PUNCTURE						24.80*	20.20*	20.20*	20.20*	48
49 BRONCHOSCOPY						165.80+	151.70*	141.00*	165.80*	49
50 THORACENTESIS						41.30+	30.50*	30.50+	29.90*	50
51 CATHERIZATION O	F HEART							497.40*		51
52 INSERTION OF PA	CEMAKER					576.00	660.00*	660.00*	660.00*	52
53 PARTIAL COLECTO						862.00*	808.90*	746.00+	795.80*	53
54 APPENOECTOMY		331.60*	108.20	290.20*	414.50*	462.00	456.00*		404.50*	54
55 SIGMOIOOSCOPY						29.90*	32.40	33.00	29.90*	55

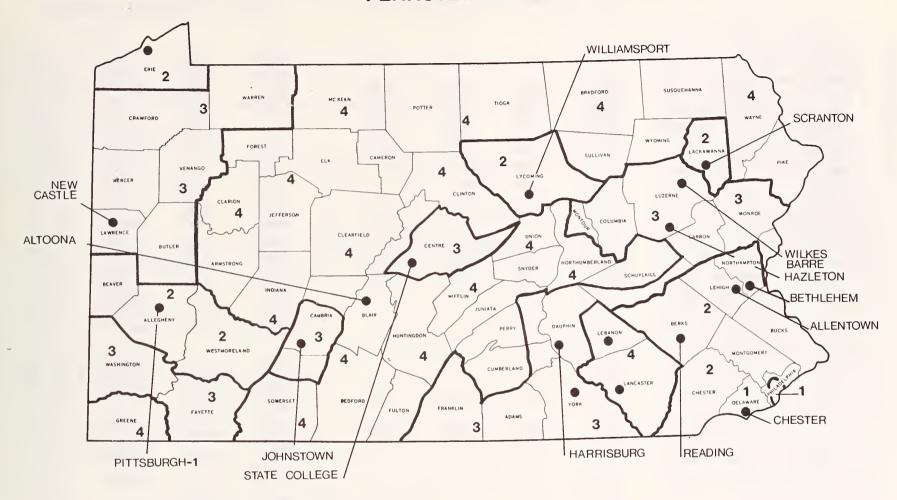
	.IST
PROCEDURE DESCRIPTION 01 02 03 12 01 02 03	12
56 HEMORRHOIDECTOMY . 414.50* 303.30* 273.60* 30	3.30* 56
57 CHOLECYSTECTOMY . 663.20* 746.00* 580.30* 66	51.10* 57
58 REPAIR HERNIA 414.50* 414.50* 331.60* 34	18.20* 58
59 OIAGNOSTIC CYSTOURETHROSCOPY 56.60* 57.50 69.10* 52.00 83.00* 57.50 78.90* 4	17.00* 59
	24.10* 60
	08.90* 61
	59.90* 62
63 HYSTERECTOMY 787.60* 707.90* 663.20*	63
	31.50* 64
	27.20* 65
	11.60* 66
67 EXTRACTION OF LENS 800.00 900.00 68 CHEST X-RAY - SINGLE VIEW 19.90* 20.80* 20.00 19.10* 16.60* 17.00 18.20*	67 (8.20* 68
	18.20* 68 27.30* 69
	27.30* 70
	28.25* 71
	64.90* 72
	33.00* 73
	27.30* 74
75 RADIATION THERAPY-SUPER VOLT	75
76 RADIATION THERAPY-MEGAVOLT	76
	00.00 77
78 CAT SCAN - ABDOMEN	78
	23.00 79
	25.00 80
81 CULTURE - OTHER THAN BLOOD 12.50	9.00 81
82 HEMOGLOBIN 3.25L 4.50L 3.50L	3.86L 82
83 AUTOMATED BLOOD COUNT 13.75 13.00 5.50 1	3.75 83
	4.00L 84
	0.00L 85
86 CHOLESTEROL TEST 7.00L 9.00L 8.00L	6.00L 86
	6.00 87
	4.00L 88
	8.50 89
	10.20* 90
	7.20L 91
92 SEDIMENTATION RATE 3.00L 4.50L 4.50L 4.50L	6.00L 92
	6.00L 93 5.00L 94
	6.00L 95
	4.00 96
THE PARTY CONTRACTOR OF THE PA	4.90L 97
	4.00L 98
SO NOTITE ON THE COLO	3.50 99
	24.00 100
100 1 1111122 01 111122 01 11112	35.00 101
TO FEEL OF THE PROPERTY OF THE	55.30* 102
103 KIONEY TRANSPLANT	103
	86.00 104
	0.00 105
106 WHEELCHAIR - RENTAL 20.00L 20.00L 2	0.00L 106
	14.90 107
108 HOSPITAL BEO - PURCHASE	108
TOO WALKER TOROTHOL	18.60 109
110 WHEELCHAIR - PURCHASE 307.00 307.00 307.00 307.00 307.00	07.00 110

PROCEOURE DESCRIPTION	99	99
1 INITIAL BRIEF OFFICE VISIT		16.60*
2 INITIAL LIMITED OFFICE VISIT	22.00	25.00
3 INITIAL INTERMED OFFICE VISIT		16.60*
4 INITIAL COMP OFFICE VISIT	66.30*	50.00
5 MINIMAL FOLLOWUP OFFICE VISIT	6.60*	8.00 5
6 BRIEF FOLLOWUP OFFICE VISIT	10.30*	11.60*
7 LIMITEO FOLLOWUP OFFICE VISIT	15.00	11.60* 6 15.00 7
8 INTERMEDIATE F/U OFFICE VISIT	18.00	16.00
9 EXTENDED F/U OFFICE VISIT	27.00	30.00
10 COMP FOLLOWUP OFFICE VISIT	41.40*	50.00
11 BRIEF FOLLOWUP HOME VISIT	16.60*	19.90*
12 LIMITEO FOLLOWUP HOME VISIT		25.00 12
13 INTERMOIATE F/U HOME VISIT		13
14 EXTENDED CARE FACILITY VISIT		9.50
15 BRIEF F/U NURSING HOME VISIT	11.60*	14.00
16 INITIAL BRIEF HOSPITAL VISIT	24.80*	24.80*
17 INIT INTERMEO HOSPITAL VISIT		41.40*
18 INITIAL COMP HOSPITAL VISIT	58.00*	60.00
19 BRIEF FOLLOWUP HOSPITAL VISIT	11.60*	10.75*
20 LIMITED F/U HOSPITAL VISIT	17.00	15.00 20
21 INTERMEO F/U HOSPITAL VISIT	14.90*	14.90* 21
22 EXTENDEO F/U HOSPITAL VISIT		25.00* 22
23 BRIEF EMERGENCY ROOM VISIT		22.90 23
24 LIMITEO EMERGENCY ROOM VISIT		27.80* 24
25 INTERMED EMERGENCY ROOM VISIT		31.60*
26 LIMITEO CONSULTATION	30.10*	30.80*
27 EXTENSIVE CONSULTATION		43.10*
28 COMPREHENSIVE CONSULTATION		55.00 28
29 PSYCHOTHERAPY-ONE HOUR		47.30*
30 PSYCHOTHERAPY-HALF HOUR		35.50*
31 CHIROPRACTIC OFFICE VISIT	14.00	12.60*
32 INITIAL PHYSIOTHERAPY		14.20*
33 F/U PODIATRIC OFFICE VISIT		33
34 ELECTROCAROIOGRAM (EKG)	26.50*	25.00 34
35 EKG-INTERPRET AND REPORT ONLY	12.40*	11.90*
36 SPIROMETRY		24.00 36
37 ELECTROENCEPHALOGRAM (EEG)		67.80*
38 CHEMOTHERAPY		38
39 COLLECTION OF SPECIMENS		7.00
40 DEBRIDEMENT OF NAILS		15.00 40
41 SKIN BIOPSY		30.00 41
42 CHEMOCAUTERY		16.60*
43 RADICAL MASTECTOMY		43
44 OPEN REDUCTION OF FRACTURE		828.90*
45 ARTHROCENTESIS-MAJOR JOINT	24.80*	29.90* 45
46 CORONARY ARTERY BYPASS		4170.00 46
47 TOTAL ARTIFICIAL HIP REPLACE		299.70* 47
48 NEEOLE PUNCTURE OF BURSA		25.00 48
49 BRONCHOSCOPY		187.00 49
50 THORACENTESIS		33.10* 50
51 CATHERIZATION OF HEART		75.50* 51
52 INSERTION OF PACEMAKER		746.00* 52
53 PARTIAL COLECTOMY		795.80* 53
54 APPENDECTOMY	414.50*	414.50* 54
55 SIGMOIOOSCOPY		30.00 55

PROCEOURE DESCRIPTION	99	99	
56 HEMORRHOIDECTOMY		373.00*	56
57 CHOLECYSTECTOMY		625.00*	57
58 REPAIR HERNIA		388.00*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	56.60*	56.60*	59
60 DILATION OF URETHRA		19.90*	60
61 PROSTATECTOMY - SUPRAPUBIC		795.80*	61
62 ELECTROSECTION-PROSTATE (TUR)	694.10*	155.80*	62
63 HYSTERECTOMY		153.40*	63
64 INITIAL COMPLETE EYE EXAM		33.10*	64
65 COMPREHENSIVE EYE EXAM		33.80*	65
66 EYE EXAM WITH TONOMETRY		9.40*	66
67 EXTRACTION OF LENS	152.20*	144.90*	67
68 CHEST X-RAY - SINGLE VIEW	19.90*	19.00	68
69 CHEST X-RAY - TWO VIEWS	26.50*	24.80*	69
70 X-RAY SPINE		33.10*	70
71 X-RAY HIP		24.80*	71
72 X-RAY UPPER GI TRACT	58.00*	54.80*	72
73 X-RAY COLON		49.80*	73
74 RADIATION THERAPY-LOW VOLT		28.00	74
75 RADIATION THERAPY-SUPER VOLT			75
76 RADIATION THERAPY-MEGAVOLT		222.22	76
77 CAT SCAN - HEAD		390.00	77
78 CAT SCAN - ABOOMEN		00.00	78
79 THREE CHEMISTRY TESTS		23.00	79
80 NINETEEN CHEMISTRY TESTS		35.00	80
81 CULTURE - OTHER THAN BLOOD		10.50 3.50L	81 82
82 HEMOGLOBIN		13.75	83
83 AUTOMATEO BLOOD COUNT		4.00L	84
84 WHITE CELL COUNT		9.75L	85
85 COMPLETE BLOOD COUNT (CBC) 86 CHOLESTEROL TEST		5.00L	86
87 FLOCCULATION TEST		5.90*	87
88 HEMATOCRIT		4.00L	88
89 PLATELET COUNT (REES-ECKER)		6.90*	89
90 POTASSIUM TEST - BLOOD		10.80	90
91 PROTHROMBIN TIME TEST		7.00L	91
92 SEDIMENTATION RATE		4.00L	92
93 BLOOD SUGAR		6.50L	93
94 BUN-UREA - NITROGEN		7.50L	94
95 URIC ACIO		6.00L	95
96 FECES-OCCULT BLOOD-SCREENING		4.50	96
97 PAP TEST		5.00L	97
98 ROUTINE URINALYSIS		4.00L	98
99 CHEMICAL URINALYSIS		3.50	99
100 PATHOLOGY - THREE SPECIMENS		27.25	100
101-ELEC MONITORING-PACEMAKER		35.00	101
102 OONOR NEPHRECTOMY-UNILATERAL		241.50*	102
103 KIDNEY TRANSPLANT			103
104 HOSPITAL BEO - RENTAL			104
105 WALKER - RENTAL		10.00	105
106 WHEELCHAIR - RENTAL		20.00L	106
107 LIQUID DXYGEN - RENTAL		684.90	107
108 HOSPITAL BED - PURCHASE			108
109 WALKER - PURCHASE			109
110 WHEELCHAIR - PURCHASE			110

PENNSYLVANIA

### **PENNSYLVANIA**



Four Localities:

- 01 Areas of Medical Schools/Specialty Hospitals
- 02 Major Metropolitan Areas
- 03 Lesser Metropolitan Areas
- 04 Urban Areas

Note exceptions for Pittsburgh and Philadelphia in Appendix A

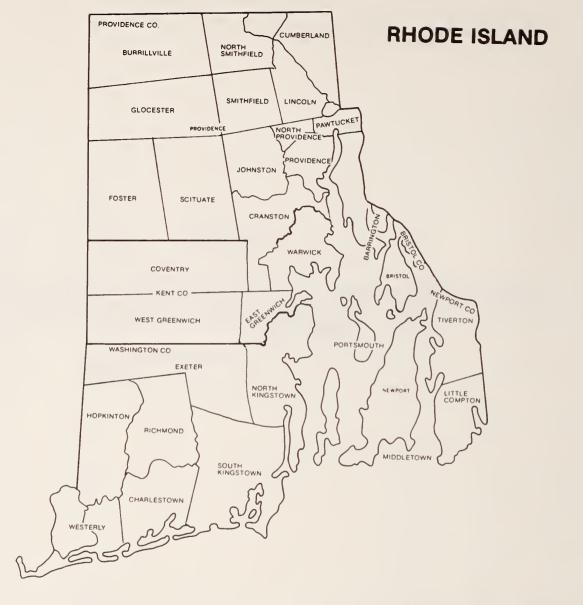
1981 PREVAILING CHARGE SUMMARY		NNSYLVANIA ESIGNATIDN		L PRACTICE		NNSYLVANIA ITY DESIGNA	TIDN FDR SPI	ECIALIST	•
PRDCEDURE DESCRIPTION	1	2	3	4	1	2	3	4	
1 INITIAL BRIEF DFFICE VISIT					16.00	17.00	15.00	12.00	1
2 INITIAL LIMITED OFFICE VISIT	15.00	15.00	12.00	12.00	22.00	20.00	17.00	15.00	2
3 INITIAL INTERMED DEFICE VISIT					22.00	20.00	17.00	15.00	3
4 INITIAL COMP OFFICE VISIT	40.00	42.00	30.00	25.00	60.00	60.00	50.00	50.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT	5.00	5.00	5.00	5.00	5.00	15.00	5.00	5.00	5
6 BRIEF FOLLDWUP DFFICE VISIT	12.00	12.00	12.00	11.00	16.00	17.00	15.00	12.00	6
7 LIMITEO FOLLOWUP DFFICE VISIT	15.00	15.00	12.00	12.00	22.00	20.00	17.00	15.00	7
8 INTERMEDIATE F/U DFFICE VISIT	15.00	15.00	12.00	12.00	22.00	20.00	17.00	15.00	8
9 EXTENDED F/U OFFICE VISIT	25.00	15.00	30.00	15.00	40.00	45.00	25.00	20.00	9
10 CDMP FDLLOWUP DFFICE VISIT	40.00	42.00	30.00	25.00	60.00	60.00	50.00	50.00	10
11 BRIEF FOLLDWUP HOME VISIT	15.00	16.60+	15.00	14.00	15.00	16.60*	16.60*	16.60*	11
12 LIMITED FOLLOWUP HOME VISIT					19.90*	19.90*	16.60*	16.60*	12
13 INTERMOIATE F/U HOME VISIT	19.90*	19.90*	15.00	16.60*	19.90*	19.90*	16.60*	16.60*	13
14 EXTENDED CARE FACILITY VISIT					15.00	16.60*	15.00	13.25*	14
15 BRIEF F/U NURSING HOME VISIT	12.00	12.00	10.00	11.00	12.00	16.60*	12.00	10.00	15
16 INITIAL BRIEF HOSPITAL VISIT	49.70*	35.00	30.00	30.00	40.00	49.70+	49.70*	40.00	16
17 INIT INTERMED HOSPITAL VISIT					25.00	22.00	20.00	20.00	17
18 INITIAL CDMP HDSPITAL VISIT	50.00	49.70*	49.70*	49.70*	75.00	70.00	58.00*	58.00*	18
19 BRIEF FOLLDWUP HOSPITAL VISIT	15.00	14.00	12.00	10.00	20.00	16.60*	16.60*	15.00	19
20 LIMITED F/U HDSPITAL VISIT	20.00	16.60*	16.00	15.00	25.00	22.00	20.00	20.00	20
21 INTERMED F/U HOSPITAL VISIT	20.00	16.60*	16.00	15.00	25.00	22.00	20.00	20.00	21
22 EXTENDED F/U HDSPITAL VISIT					40.00	55.00	40.00	40.00	22
23 BRIEF EMERGENCY RODM VISIT					16.00	17.00	15.00	12.00	23
24 LIMITED EMERGENCY RDDM VISIT					22.00	20.00	17.00	15.00	24
25 INTERMED EMERGENCY RDDM VISIT					22.00	20.00	17.00	15.00	25
26 LIMITED CONSULTATION									26
27 EXTENSIVE CONSULTATION									27
28 COMPREHENSIVE CONSULTATION					82.90*	75.00	66.30*	60.00	28
29 PSYCHDTHERAPY-DNE HDUR					60.00	60.00	50.00	35.00	29
30 PSYCHOTHERAPY-HALF HDUR					35.00	35.00	30.00	25.00	30
31 CHIROPRACTIC OFFICE VISIT	10.90*	15.00	10.10*	11.30+	13.75*	11.10*	9.30*	9.40*	31
32 INITIAL PHYSIOTHERAPY					20.00	20.00	12.00	20.00	32
33 F/U PDDIATRIC OFFICE VISIT					15.00	15.00	13.25*	11.60*	33
34 ELECTRDCARDIDGRAM (EKG)	30.00	30.00	30.00	30.00	30.00	30.00	30.00	30.00	34
35 EKG-INTERPRET AND REPORT DNLY	15.00	20.00*	15.00	15.00	20.00*	11.60*	16.60*	16.60*	35
36 SPIRDMETRY					30.00	20.00	30.00	30.00	36
37 ELECTROENCEPHALDGRAM (EEG)					58.00*	50.00	50.00	50.00	37
38 CHEMDTHERAPY					30.00	15.00	10.00	15.00	38
39 CDLLECTION OF SPECIMENS									39
40 DEBRIOEMENT OF NAILS					24.90*	24.90*	24.90*	24.90*	40
41 SKIN BIDPSY					50.00	50.00	64.50	50.00	41
42 CHEMDCAUTERY					49.90*	48.40*	46.75*	50.00	42
43 RADICAL MASTECTOMY					829.00*	829.00*	663.20*	580.30*	43
44 OPEN REDUCTION DF FRACTURE					1100.00	994.80*	712.90*	829.00*	44
45 ARTHRDCENTESIS-MAJDR JDINT	25.00	25.00	24.90*	25.00	20.00	30.00	35.00	25.00	45
46 CORONARY ARTERY BYPASS					3164.50*	3201.80*	3077.60*	3109.30*	46
47 TOTAL ARTIFICIAL HIP REPLACE					1500.00	1500.00	1500.00	1500.00	47
48 NEEDLE PUNCTURE DF BURSA					40.00	30.00	35.00	40.00	48
49 BRDNCHOSCOPY					165.80*	165.80*	165.80*	150.00	49
50 THORACENTESIS					50.00	75.00	82.90*	80.00	50
51 CATHERIZATION OF HEART					497.40*	450.00	414.50*	497.40*	51
52 INSERTION OF PACEMAKER					1200.00	951.00	1200.00	1200.00	52
53 PARTIAL COLECTOMY					1000.00	994.80*	829.00*	750.00	53
54 APPENDECTOMY	331.60*	414.50*	331.60*	331.60*	414.50*	373.00*	348.20*	331.60*	54
55 SIGMOIDOSCOPY					50.00	41.40*	41.40*	50.00	55

1981 PREVAILING CHA			NNSYLVANIA ESIGNATION	B/S FOR GENERAL	PRACTICE		NSYLVANIA TY OESIGNAT	ION FOR SPE	CIALIST	
PROCEOURE DESCRIP	TION	1	2	3	4	1	2	3	4	
56 HEMORRHOIOECTOMY 57 CHOLECYSTECTOMY 58 REPAIR HERNIA						331.60* 663.20* 414.50*	331.60* 663.20* 414.50*	273.60* 580.30* 373.00*	290.10* 547.10* 348.20*	56 57 58
59 OIAGNOSTIC CYSTOURES 60 OILATION OF URETHRA	HROSCOPY 7	5.00	80.00	70.00	50.00*	75.00 24.90*	75.00 20.00	70.00	75.00 16.60*	59 60
61 PROSTATECTOMY - SUPE	APUBIC					829.00*	800.00	746.10*	760.00	61
62 ELECTROSECTION-PROST	ATE (TUR) 79	5.80*	746.10*	663.20*	746.10*	829.00*	829.00*	795.80*	746.10*	62
63 HYSTERECTOMY						746.10*	746.10*	663.20*	663.20*	63
64 INITIAL COMPLETE EYE						25.00	25.00	24.00	24.00	64
65 COMPREHENSIVE EYE EX						35.00	30.00	25.00	24.00	65
66 EYE EXAM WITH TONOME 67 EXTRACTION OF LENS		0.00	663.20*	746.10*	704.60*	800.00	746.10*	746.10*	746.10*	66 67
68 CHEST X-RAY - SINGLE		5.00	25.00	20.00	25.00	20.00	25.00	24.00	15.00	68
69 CHEST X-RAY - TWO VI		6.40*	33.00	35.00	40.00	35.00	36.50*	32.00	33.20*	69
70 X-RAY SPINE		0.40	00.00	00.00	70.00	47.00	55.00	50.00	45.00	70
71 X-RAY HIP						33.20*	30.00	30.00	24.90*	71
72 X-RAY UPPER GI TRACT	7	0.00	70.00	66.30*	66.30*	75.00	74.60*	66.30*	58.00*	72
73 X-RAY COLON						68.00	58.00*	58.00*	58.00*	73
74 RADIATION THERAPY-LO	W VOLT 2	0.00	25.00	32.00	25.00	24.00	24.00	24.00	24.00	74
75 RADIATION THERAPY-SU	PER VOLT 3	7.00	55.00	48.00	48.00	37.00	24.00	48.00	48.00	75
76 RADIATION THERAPY-ME	GAVOLT					37.00	28.00	37.00	37.00	76
77 CAT SCAN - HEAO						350.00	350.00	350.00	350.00	77
78 CAT SCAN - ABOOMEN						350.00	350.00	350.00	350.00	78
79 THREE CHEMISTRY TEST	S					9.50	9.50	9.50	9.50	79
80 NINETEEN CHEMISTRY 1						19.10	19.10	19.10	19.10	80
81 CULTURE - OTHER THAN	BL000					10.00	10.00	6.00	6.00	81
82 HEMOGLOBIN	_					3.00*	3.00*	3.00*	2.00L	82
83 AUTOMATEO BLOOD COUN	Т					7.00*	7.00*	6.70L	6.00L	83
84 WHITE CELL COUNT	(000)					2.00L	4 . OOL	3.00L 6.70L	3.00	84
85 COMPLETE BLOOD COUNT	(CBC)					8.00L 5.00L	7.50L 6.00L	5.00L	6.00L 5.00L	85 86
86 CHOLESTEROL TEST 87 FLOCCULATION TEST						5.00	7.00*	6.00	7.00	87
88 HEMATOCRIT						3.00*	3.00*	3.00*	2.50L	88
89 PLATFLET COUNT (REES	-ECKER)					7.00	7.00	7.00*	5.00	89
90 POTASSIUM TEST - BLO						6.00*	6.00*	6.00	6.00*	90
91 PROTHROMBIN TIME TES						5.00L	5.00L	5.00	5.00L	91
92 SECIMENTATION RATE						5.00L	5.00L	5.00L	5.00L	92
93 BLOOO SUGAR						5.00*	5.00*	5.00*	5.00	93
94 BUN-UREA - NITROGEN						5.00*	5.00*	5.00*	5.00*	94
95 URIC ACIO						5.00L	6.00L	6.00L	6.00L	95
96 FECES-OCCULT BLOOD-S	CREENING					5.00	5.00	4.00	3.50	96
97 PAP TEST						6.00*	6.00*	6.00*	6.00*	97
98 ROUTINE URINALYSIS						4.00L	4.00L	4.00L	3.00L	98
99 CHEMICAL URINALYSIS	5074540					5.00*	5.00 20.00*	4.00 20.00	5.00* 20.00	99 100
100 PATHOLOGY - THREE SP						20.00 18.00	30.00	30.00	30.00	101
101 ELEC MONITORING-PACE 102 OONOR NEPHRECTOMY-UN						1000.00	1000.00	1000.00	1000.00	102
103 KIONEY TRANSPLANT	TEATERAL					1637.30	1637.30	1637.30	1637.30	103
104 HOSPITAL BEO - RENTA	1					55.00L	50.00L	48.00L	65.00	104
105 WALKER - RENTAL	_					17.00	15.00	17.00	12.00	105
106 WHEELCHAIR - RENTAL						33.00L	27.50L	32.00	30.00L	106
107 LIQUIO OXYGEN - RENT	AL					65.00	65.00	65.00	65.00	107
108 HOSPITAL BEO - PURCH						350.00L	350.00L	350.00L	350.00L	108
109 WALKER - PURCHASE						30.00	35.00	37.00	32.00	109
110 WHEELCHAIR - PURCHAS	E					219.00	219.00	219.00	219.00	110
				000						

#### PUERTO RICO

Because of carrier computer difficulties at the time of printing no data is available for Puerto Rico in the directory. Those interested in Medicare data for these procedures for Puerto Rico can write direct to:

Cooperativa De Seguros De Vida De Puerto Rico G.P.O. Box 3428 San Juan, Puerto Rico 00936 RHODE ISLAND



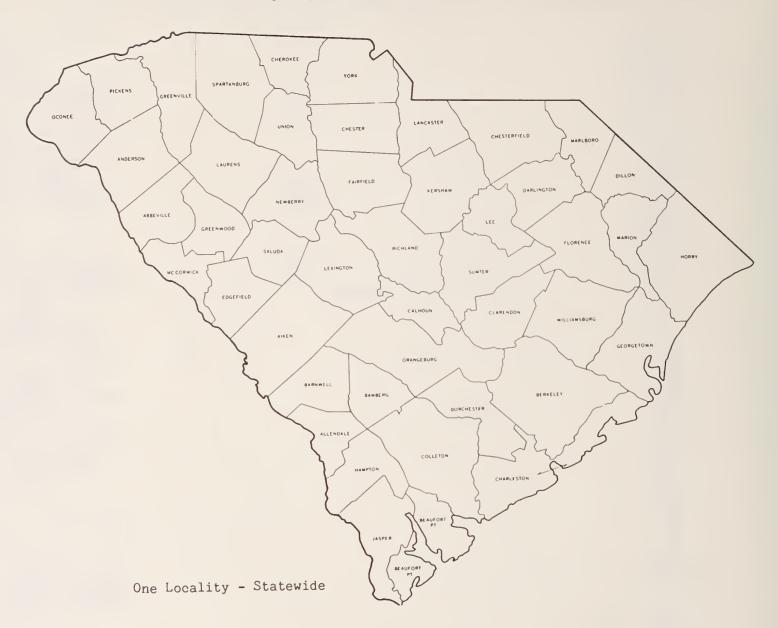
One Locality - Statewide

1 INITIAL BRIEF OFFICE VISIT 2 INITIAL INTERMED OFFICE VISIT 3 INITIAL INTERMED OFFICE VISIT 4 1 INITIAL INTERMED OFFICE VISIT 5 29.48* 3 INITIAL INTERMED OFFICE VISIT 4 29.48* 3 INITIAL INTERMED OFFICE VISIT 5 20.00* 5 50.00* 5 50.00* 5 50.00* 5 50.00* 5 50.00* 5 50.00* 5 50.00* 5 50.00* 5 60.00* 5	PROCEDURE DESCRIPTION	SINGLE	SINGLE	
2 INITIAL LIMITEO OFFICE VISIT 24.87* 58.03* 2 3 1	4 INITIAL RRIFE OFFICE VISIT		29 48*	4
3 INITIAL INTERNEO OFFICE VISIT 4 INITIAL COMP OFFICE VISIT 5 MINIMAL FOLLOWIP OFFICE VISIT 5 MINIMAL FOLLOWIP OFFICE VISIT 10 JOHN 5 MINIMAL FOLLOWIP OFFICE VISIT 11 JOHN 5 MINIMAL FOLLOWIP OFFICE VISIT 12 JOHN 6 MINIMAL FOLLOWIP OFFICE VISIT 16 JOHN 7 LIMITED FOLLOWIP OFFICE VISIT 16 JOHN 7 LIMITED FOLLOWIP OFFICE VISIT 16 JOHN 9 EXTENDEO F/U OFFICE VISIT 19 JOHN 10 COMP FOLLOWIP OFFICE VISIT 10 COM		24 97*		
4 INITIAL COMP OFFICE VISIT 25.00 55.03* 45.50* 15.00* 55.03* 45.50* 15.00* 55.		24.01*		
5 MINIMAL FOLLOWUP OFFICE VISIT   13.26*   15.00   5   6 BRIEF FOLLOWUP OFFICE VISIT   13.26*   16.58*   6   7 LIMITEO FOLLOWUP OFFICE VISIT   15.88*   24.87*   7   8 INTERRILE F/FU DEFICE VISIT   16.58*   24.87*   7   9 O COMP FOLLOWUP OFFICE VISIT   25.00*   41.45*   10   10 COMP FOLLOWUP OFFICE VISIT   25.00*   41.45*   10   10 BRIEF FOLLOWUP HOME VISIT   19.89*   24.87*   11   12 LIMITEO FOLLOWUP HOME VISIT   19.89*   24.87*   12   13 INTERRILE F/FU DEFINITION   19.89*   24.87*   12   14 INTERRILE F/FU DEFINITION   10.80*   16.58*   14   15 EVERNICE CARE F/ACILITY   13.26*   16.58*   14   16 EVERNICE CARE F/ACILITY   13.26*   16.58*   15   17 INIT INTERREC HOSPITAL VISIT   35.00   58.03*   16   17 INIT INTERREC HOSPITAL VISIT   41.00   55.03*   17   18 INITIAL COMP HOSPITAL VISIT   26.58*   15.58*   18   19 BRIEF FOLLOWUP HOSPITAL VISIT   24.87*   22.00*   22   22 EXTENDED F/U HOSPITAL VISIT   24.87*   27.04*   22   23 BRIEF EMBERGINGY ROON VISIT   27.04*   22   24 LIMITEO EMBREROLY ROON VISIT   27.04*   22   25 LIMITEO CONSULTATION   41.45*   30.00   25   26 LIMITEO EMBREROLY ROON VISIT   27.04*   22   27 LIMITEO EMBREROLY ROON VISIT   27.04*   22   28 LIMITEO EMBREROLY ROON VISIT   27.04*   22   29 PSYCHOTHERAPY-AUE HOUR   58.03*   29   29 PSYCHOTHERAPY-AUE HOUR   58.03*   29   29 PSYCHOTHERAPY-AUE HOUR   58.03*   29   20 PSYCHOTHERAPY-AUE HOUR   58.03*   29   21 LIMITEO CONSULTATION   41.45*   30.00   37   23 CHANCHERAPY AUE HOUR   30.00   34   24 LICHTEORY SPECIAL SPECI		25 00		
6 BRIEF FOLLOWUP OFFICE VISIT 13.76* 16.58* 67 7 LIMITED FOLLOWUP OFFICE VISIT 15.58* 24.87* 7 8 INTERMEDIATE F/U OFFICE VISIT 15.58* 24.87* 8 9 INTERMEDIATE F/U OFFICE VISIT 15.58* 24.87* 8 10 CAMP FIGURE VISIT 15.58* 24.87* 10 11 BRIEF FOLLOWUP HOME VISIT 19.59* 24.87* 12 12 LIMITED FOLLOWUP HOME VISIT 19.89* 24.87* 12 13 INTERMEDIATE F/U HOME VISIT 19.89* 24.87* 12 14 EXTENSED CARE FACILITY VISIT 19.89* 24.87* 13 15 RIBEF FOLLOWUP HOME VISIT 19.89* 24.87* 13 15 RIBEF F/U HURSHING HOME VISIT 19.89* 12.87* 14 15 RIBEF F/U HURSHING HOME VISIT 19.89* 15.80* 15.88* 15.80* 15.88*				
7 ILINITED FOLLOWIP DEFICE VISIT 16.58* 24.87* 8 8 INTERMEDIATE F/U DEFICE VISIT 19.89* 24.87* 8 9 EXTENDED F/U DEFICE VISIT 19.89* 24.87* 9 10 COMP FOLLOWIP DEFICE VISIT 17 25.00* 41.45* 101 11 BRIEF FOLLOWIP DEFICE VISIT 19.89* 24.87* 11 13 INTERMOLATE F/U HONE VISIT 19.89* 24.87* 12 14 EXTENDED CARE FACILITY VISIT 19.89* 24.87* 12 15 BRIEF FOLLOWIP DEFICE VISIT 19.89* 24.87* 14 16 INITIAL BRIEF HOSPITAL VISIT 19.89* 24.87* 14 17 BRIEF FOLLOWIP DEFICE VISIT 19.89* 24.87* 14 18 INITIAL COMP HONE VISIT 10.26* 16.58 15 16 INITIAL BRIEF HOSPITAL VISIT 19.89* 16.58* 15 16 INITIAL COMP HOSPITAL VISIT 19.89* 17 18 INITIAL COMP HOSPITAL VISIT 19.89* 17 18 INITIAL COMP HOSPITAL VISIT 19.89* 17 18 INITIAL COMP HOSPITAL VISIT 19.89* 19.				
8 INTERMEDIATE F/U OFFICE VISIT 19.89* 24.87* 9 9 EXTENDED F/U OFFICE VISIT 19.89* 24.87* 9 10 COMP FOLLOWIP OFFICE VISIT 25.00* 41.45* 9 11 COMP FOLLOWIP OFFICE VISIT 19.89* 24.87* 9 11 COMP FOLLOWIP OFFICE VISIT 19.89* 24.87* 11 12 RIFER FOLLOWIP OFFICE VISIT 19.89* 24.87* 12 13 INTERMOLATE F/U HOME VISIT 19.89* 24.87* 13 14 EXTENDED CARE FACILITY VISIT 19.89* 24.87* 14 15 BRIEF F/U NURSING HOME VISIT 13.26* 16.58 15 16 INITIAL BRIEF HOSPITAL VISIT 15.00 16.58 15 17 INITI INTERMED HOSPITAL VISIT 15.00 16.58 15 18 INITIAL BRIEF HOSPITAL VISIT 15.50 16.58* 19 19 BRIEF F/U LOUNUP HOSPITAL VISIT 15.58* 16.58* 19 19 BRIEF F/U LOUNUP HOSPITAL VISIT 15.58* 16.58* 19 10 LIMITED F/U HOSPITAL VISIT 15.58* 16.58* 19 10 LIMITED F/U HOSPITAL VISIT 24.87* 25.00* 22 1 INTERMED F/U HOSPITAL VISIT 24.87* 25.00* 22 1 INTERMED F/U HOSPITAL VISIT 24.87* 25.00* 22 1 INTERMED F/U HOSPITAL VISIT 24.87* 25.00* 22 1 LIMITED ECONOMY HOSPITAL VISIT 24.87* 25.00* 22 2 EXTENDED F/U HOSPITAL VISIT 24.87* 25.00* 27 2 EXTENDED				
9 SYRTHORE F/U OFFICE VISIT 19.89* 24.87* 19 10 COMP FOLLOWIP OFFICE VISIT 25.00* 41.45* 10 11 BRIEF FOLLOWIP HOME VISIT 39.89* 24.87* 112 12 LIMITED FOLLOWIP HOME VISIT 49.89* 24.87* 112 14 EXTENDED CAMP FACILITY VISIT 59.89* 24.87* 121 15 BRIEF FOLLOWIP HOME VISIT 69.89* 24.87* 121 16 INITIAL BRIEF HOSPITAL VISIT 10.86* 16.58 15 16 INITIAL BRIEF HOSPITAL VISIT 75.00* 58.03* 16 17 INITIAL COMP HOSPITAL VISIT 75.00* 158.03* 172 18 INITIAL PLANTAL VISIT 75.00* 172 18 INITIAL VISIT 75.00* 172 18 I	·			
10 COMP FOLLOWUP OFFICE VISIT   19.89*   24.87*   11   11 ERIZEF FOLLOWUP HOME VISIT   19.89*   24.87*   12   12 LIMITED FOLLOWUP HOME VISIT   19.89*   24.87*   13   13 INTERMED CARE FACILITY VISIT   19.89*   24.87*   13   14 EXTENDED CARE FACILITY VISIT   19.89*   24.87*   14   15 BRIEF FUN NESTING HOME VISIT   10.26*   16.80*   15   16 BRIEF FUN NESTING HOME VISIT   10.26*   16.80*   16   17 INIT INTERMED HOSPITAL VISIT   10.00*   58.03*   16   18 INITIAL COMP HOSPITAL VISIT   14.00   58.03*   18   19 BRIEF FOLLOWUP HOSPITAL VISIT   24.87*   25.00*   20   10 INTERMED FUN HOSPITAL VISIT   24.87*   25.00*   20   11 INTERMED FUN HOSPITAL VISIT   24.87*   25.00*   21   12 EXTENDED FUN HOSPITAL VISIT   24.87*   25.00*   22   13 BRIEF EMERGENCY ROUM VISIT   27.04   23   15 INTERMED FUN HOSPITAL VISIT   24.87*   27.04   23   15 INTERMED FUN HOSPITAL VISIT   27.04   25   16 LIMITED CONSULTATION   41.45*   30.00   26   17 EXTENSIVE CONSULTATION   50.00   27   18 COMPREHENSIVE CONSULTATION   50.00   27   28 COMPREHENSIVE CONSULTATION   50.00   27   28 COMPREHENSIVE CONSULTATION   50.00   27   28 COMPREHENSIVE CONSULTATION   50.00   37   29 PSYCHOTHERAPY—HALF HOUR   50.00   37   30 CHEMOTHERAPY HALF HOUR   50.00   37   31 CHEROPRACITIC OFFICE VISIT   12.65*   12.85*   31   32 INITIAL PHYSIOTHERAPY   8.72 P   35   35 SPIROMETRY   41.45*   40.00   41   41 CHEMOCAUTERY   41.45*   42.48*   43   42 ELECTROCARDIGGRAM (EEG)   33.16*   45   43 CHEMOTHERAPY   41.45*   42.48*   43   44 OPEN REDUCTION OF SPECIMEN   41.45*   42.48*   43   45 OPEN REDUCTION OF SPECIMEN   41.45*   43   46 ORDIN REDUCTION OF SPECIMEN   41.45*   43   47 CHEMOCAUTERY   41.45*   43   48 RECOLE PUNCTURE OF BURSA   45   48 RECOLE PUNCTURE OF BURSA   46   48 RECOLE PUNCTURE OF BURSA   46   48 RECOLE PUNCTURE OF BURSA   46   48 RECOLE PUNCTURE OF BURSA   47   48 RECOLE PUNCTURE OF BURSA   49   49 CORDIN REPORT OF BURSA   49   40 CORDIN REPORT OF BURSA   49	· ·			
11 BRITE FOLLOWIP HOME VISIT   19.89*   24.87*   12   12 LIMITED FOLLOWIP HOME VISIT   19.89*   24.87*   12   13 INTERMIDIATE F/U HOME VISIT   19.89*   24.87*   14   15 BRITE F/U NURSING HOME VISIT   35.60*   16.88*   15   16 INITIAL BRITE HOSPITAL VISIT   35.00   36.03*   16   17 INIT INTERMED HOSPITAL VISIT   41.00   36.03*   16   17 INIT INTERMED HOSPITAL VISIT   41.00   36.03*   16   18 BRITE F/U HOSPITAL VISIT   41.00   36.03*   16   19 BRITE FOLLOWIP HOSPITAL VISIT   42.87*   25.00*   20   20 LIMITED F/U HOSPITAL VISIT   24.87*   25.00*   20   21 INTERMED F/U HOSPITAL VISIT   24.87*   25.00*   22   22 EXTENDED F/U HOSPITAL VISIT   24.87*   27.04   23   23 BRITE FMERCHEV'R BOOM VISIT   27.04   23   24 LIMITED EMERGENCY ROOM VISIT   27.04   23   25 LIMITED EMERGENCY ROOM VISIT   27.04   24   26 LIMITED EMERGENCY ROOM VISIT   27.04   25   26 LIMITED CHERGENCY ROOM VISIT   27.04   28   27 LIMITED EMERGENCY ROOM VISIT   27.04   28   28 PRIZE EMERGENCY ROOM VISIT   27.04   28   29 PSYCHOTHERAPY NOTE HOUR   29.00   29   29 PSYCHOTHERAPY NOTE HOUR   29.00   29   20 PSYCHOTHERAPY NOTE HOUR   29.00   29   20 PSYCHOTHERAPY NOTE HOUR   20.00   34   21 LIMITED OFFICE VISIT   26.5*   31   21 LIMITED LEARN (EKG)   33.16*   30.00   34   24 LECTROCAROIGRAM (EKG)   33.16*   30.00   34   25 EKG-INTERPRET AND REPORT ONLY   8.72 P   8.72 P   35   36 PSIROMETRY   40.00   41   37 ELECTROCAROIGRAM (EKG)   33.16*   40.00   41   38 SPIROMETRY   40.00   41   39 CHEMOTHERAPY ALL HOUR   41.45*   42   40 OEBRIDDENTIO F NAILS   40.00   41   41 SKIN BILDPSY   40.00   41   41 SKIN BILDPSY   40.00   41   42 CHEMOCAUTERY   40.00   41   43 RADICAL MASTECTOMY   40.00   41   44 OFFI REPORT FAILED FOR THE PRETACE   45.5*   45   45 ARTHROCHTESIS   40.00   41   46 CRONNARY ARTERY BYPASS   40.00   41   47 TOTAL ARTITECIAL HIP REPLACE   49.7*   45   48 RECHORDEN FOR FORE THE PRETACE   49.00   49   40 OEBRIDDENTIO OF FERGINER   49.00   52   40 TOTAL ARTITECIAL HIP REPLACE   49.7*   45   40 TOTAL ARTITECIAL HIP REPLACE   49.00   52   40 TOTAL ARTI				
12 LIMITEC FOLLOWUP HOME VISIT   19.89*   24.87*   13   INTERMINITE F/U HOME VISIT   19.89*   24.87*   13   14 EXTENDED CARE FACILITY VISIT   24.87*   14   15   15   16   15   15   16   15   17   17   17   17   17   17   17				
13 INTERMOLATE F/U HOME VISIT   19.89*   24.87*   13     EXTENDED CARE FACILITY VISIT   13.26*   16.58   15     ISBRIEF F/U NURSING HOME VISIT   35.00   58.03*   16     INTIAL BRIEF HOSPITAL VISIT   10.00   58.03*   17     INTIAL COMP HOSPITAL VISIT   14.00   38.03*   17     INTIAL COMP HOSPITAL VISIT   24.87*   25.00*   20     INTERMO F/U HOSPITAL VISIT   24.87*   25.00*   21     INTERMO F/U HOSPITAL VISIT   24.87*   25.00*   22     INTERMO F/U HOSPITAL VISIT   24.87*   27.04   23     INTERMO F/U HOSPITAL VISIT   27.04   24     INTERMO F/U HOSPITAL VISIT   27.04   23     INTERMO EMERGENCY ROOM VISIT   27.04   24     INTERMO EMERGENCY ROOM VISIT   27.04   25     INTERMO EMERGENCY ROOM VISIT   27.04   25     INTERMO EMERGENCY ROOM VISIT   27.04   26     INTERMO EMERGENCY ROOM VISIT   27.04   27     OF EXTENSIVE CONSULTATION   41.45*   30.00   28     OF EXTENSIVE CONSULTATION   50.05*   30.00   28     OF EXTENSIVE CONSULTATION   50.05*   30.00   28     OF EXTENSIVE CONSULTATION   50.05*   30.00   30     OF EXTENSIVE CONSULTATION   50.05*   30.00   30.00   30     OF EXAMPLE AND EXPENSIVE CONSULTATION   50.00*   30.00   30     OF EXPLOREMENT OF PROTECT OFFICE VISIT   30.00*   30.00   30.00   30     OF EXPLOREMENT OF PROTECT OFFICE VISIT   30.00*		19.89*		
14 EXTENDED CARE FACILITY VISIT   13.26*   16.58   15   15   16 INITIAL BRIEF HOSPITAL VISIT   35.00   58.03*   16   17   11   11   11   11   12   15   17   17   17   18   18   18   18   18				
15 BRIEF F/U NINSING HOME VISIT   13.26*   15.58   15   16   15   17   11   11   11   12   15   16.58*   16   17   11   11   11   11   11   11		19.89*		
16 INITIAL BRIEF HOSPITAL VISIT   35.00   58.03*   17   17   17   17   17   17   17   1	_			
17 INIT INTERMED HOSPITAL VISIT	15 BRIEF F/U NURSING HOME VISIT			
18 INITIAL COMP HOSPITAL VISIT	16 INITIAL BRIEF HOSPITAL VISIT	35.00	58.03*	
19 BRIEF FOLLOWUP MOSPITAL VISIT   16.58*   19   16.58*   19   16.58*   20   11NTERNEO F/U HOSPITAL VISIT   24.87*   25.00*   20   21 INTERNEO F/U HOSPITAL VISIT   24.87*   25.00*   21   22 EXTENDEO F/U HOSPITAL VISIT   24.87*   27.04   23   22   23 BRIEF EMERGENCY ROOM VISIT   27.04   24   11NTERNEO EMERGENCY ROOM VISIT   27.04   25   25   11NTERNEO EMERGENCY ROOM VISIT   27.04   25   25   11NTERNEO EMERGENCY ROOM VISIT   27.04   25   25   11NTERNEO EMERGENCY ROOM VISIT   27.04   25   26   11NTERO CONSULTATION   30.00   26   27   27   28   28   29   29   20   20   20   20   28   28   29   29   20   20   20   28   28   29   29   20   20   20   20   28   28   29   29   20   20   20   20   20   20	17 INIT INTERMED HOSPITAL VISIT		58.03*	
20 LIMITED F/U HOSPITAL VISIT   24.87*   25.00*   20   21 INTERNEO F/U HOSPITAL VISIT   24.87*   25.00*   21   22 EXTENDEO F/U HOSPITAL VISIT   24.87*   29.48*   22   23 BRIEF EMERGENCY ROBM VISIT   27.04   23   24 LIMITED EMERGENCY ROBM VISIT   27.04   23   25 LIMITED EMERGENCY ROBM VISIT   27.04   25   25 LIMITED EMERGENCY ROBM VISIT   27.04   25   26 LIMITED CONSULTATION   41.45*   30.00   26   27 EXTENSIVE CONSULTATION   50.00   27   28 COMPREHENSIVE CONSULTATION   58.95*   28   29 PSYCHOTHERAPY-HALE HOUR   58.03*   29   30 PSYCHOTHERAPY-HALE HOUR   58.03*   29   30 PSYCHOTHERAPY-HALE HOUR   12.65*   31   31 CHIROPRACTIC OFFICE VISIT   12.65*   31   32 INITIAL PHYSIOTHERAPY   16.58*   33   33 LECTROCARDIOGRAM (EKG)   33.16*   30.00   34   4 ELECTROCARDIOGRAM (EKG)   33.16*   30.00   34   5 EKG-INTERPET AND REPORT ONLY   8.72 P   35   5 SPIROMETRY   24.87*   35   5 SPIROMETRY   24.87*   36   5 SPIROMETRY   40.00   41   41.45*   40.00   41.45*   40.00   42.48*   40.00   43.40*   40.00   44.40*   40.00   45.40*   40.00   46.60*   40.00   47.60*   40.00   48.60*   40.00   49.60*   40.00   49.60*   40.00   49.60*   40.00   40.60*   40.00   40.60*   40.00   40.60*   40.00   40.60*   40.00   40.60*   40.00   40.60*   40.00   40.60*   40.00   40.60*   40.00   40.60*   40.00   40.	18 INITIAL COMP HOSPITAL VISIT	41.00	58.03*	18
20 LIMITEO F/U HOSPITAL VISIT 24.87* 25.00* 20 1 INTERMED F/U HOSPITAL VISIT 24.87* 25.00* 21 1 INTERMED F/U HOSPITAL VISIT 24.87* 25.00* 21 22 EXTENDED F/U HOSPITAL VISIT 24.87* 29.48* 22 38 RIEF EMERGENCY ROBM VISIT 27.04 23 24 LIMITED EMERGENCY ROBM VISIT 27.04 24 25 1 INTERMED EMERGENCY ROBM VISIT 27.04 25 1 INTERMED EMERGENCY ROBM VISIT 27.04 25 1 INTERMED EMERGENCY ROBM VISIT 27.04 25 25 1 LIMITED CONSULTATION 41.45* 30.00 26 27 EXTENSIVE CONSULTATION 50.00 27 27 EXTENSIVE CONSULTATION 50.00 27 28 COMPREHENSIVE CONSULTATION 58.95* 28 9 PSYCHOTHERAPY-ONE HOUR 58.95* 28 9 PSYCHOTHERAPY-HALF HOUR 58.03* 39.16* 30.31.6* 30.30.00 34 41.45.5* 31.31.5*	19 BRIEF FOLLOWUP HOSPITAL VISIT	16.58*	16.58*	19
22 EXTENDED F/U HOSPITAL VISIT 23 BRIEF EMBREGENCY ROOM VISIT 24 CLIMITED EMBREGENCY ROOM VISIT 25 BRIEF EMBREGENCY ROOM VISIT 27.04 24 24 25 INTERMED EMBREGENCY ROOM VISIT 27.04 26 25 26 LIMITED CONSULTATION 30.00 26 27 EXTENSIVE CONSULTATION 30.00 26 27 EXTENSIVE CONSULTATION 50.00 27 EXTENSIVE CONSULTATION 50.00 28 29 PSYCHOTHERAPY-DNE HOUR 58 .03* 29 PSYCHOTHERAPY-DNE HOUR 30 PSYCHOTHERAPY-HALF HOUR 31 CHROPRACTIC OFFICE VISIT 32 INITIAL PHYSIOTHERAPY 33 F/U PODIATION FOR		24.87*	25.00*	20
23 BRIEF EMERGENCY ROOM VISIT   27.04   23   24 LIMITED EMERGENCY ROOM VISIT   27.04   24   25 INTERMED EMERGENCY ROOM VISIT   27.04   25   26 LIMITED CONSULTATION   30.00   26   27 EXTENSIVE CONSULTATION   50.00   27   28 COMPREHENSIVE CONSULTATION   58.95   28   29 PSYCHOTHERAPY-ONE HOUR   58.03   29   29 PSYCHOTHERAPY-HALF HOUR   33.16   30   30 PSYCHOTHERAPY-HALF HOUR   41.65   41.65   31   31 CHIROPRACTIC OFFICE VISIT   12.65   31   32 INITIAL PHYSIOTHERAPY   24.87   32   37 F/U POUITATIC OFFICE VISIT   3.16   30.00   34   38 F/U POUITATIC OFFICE VISIT   3.16   30.00   34   39 F/U POUITATIC OFFICE VISIT   48.72   35   36 EKG-INTERPREY HAN REPORT ONLY   8.72   9   36 SPIROMETRY   24.87   36   37 ELECTROENCEPHALOGRAM (EEG)   37   38 CHEMOTHERAPY   30.00   39   40 OBBRIGGENERY   30.00   39   40 OBBRIGGENERY   30.00   39   40 OBBRIGGENERY   41.45   42   41 SKIN BIOPSY   41.45   43   42 CHEMOCAUTERY   40.00   41   42 CHEMOCAUTERY   41.45   42   43 RADICAL MASTECTOMY   41.45   43   44 OPEN REDUCTION OF FRACTURE   47.00   47   45 RADICAL MASTECTOMY   41.45   42   46 CORONARY ARTERY BYPAS   42   47 TOTAL ARTIFICIAL HIP REPLACE   48.70   47   48 NEGOLE MAJOR JOINT   24.87   48   48 NEGOLE MAJOR JOINT   24.87   48   48 NEGOLE MAJOR JOINT   48   49 BRONCHOSCOPY   49   50 THORACENTESIS   49   51 CATHERIZATION OF PACEMAKER   49   52 INSERTION OF PACEMAKER   49   53 PARTIAL COLLECTOMY   41.45   54 APPENDECTOMY   41.45   55 APPENDECTOMY   41.45   56 APPENDECTOMY   41.45   57 APPENDECTOMY   41.45   58 APPENDECTOMY   41.45   59 PARTIAL COLLECTOMY   41.45   59 PARTIAL COLLECTOMY   41.45   50 PARTIAL COLLECTOMY   41.4	21 INTERMEO F/U HOSPITAL VISIT	24.87*	25.00*	21
28 BRIFF EMERGENCY ROOM VISIT 27 LO4 24 25 INTERMED EMERGENCY ROOM VISIT 27 LO4 25 26 LIMITED CEMERGENCY ROOM VISIT 27 LO4 25 27 LO4 25 28 LIMITED CONSULTATION 41.45* 30 .00 26 27 EXTENSIVE CONSULTATION 50 .00 27 28 COMPREHENSIVE CONSULTATION 558.95* 28 SB.95* 28 PSYCHOTHERAPY-ONE HOUR 58 .03* 29 PSYCHOTHERAPY-HALF HOUR 33.16* 30 PSYCHOTHERAPY-HALF HOUR 33.16* 31 CHIROPRACTIC OFFICE VISIT 12.65* 31 INITIAL PHYSIOTHERAPY 31 12.65* 31 INITIAL PHYSIOTHERAPY 41 16.58* 31 FUP DOUINTIC OFFICE VISIT 31 16.58* 32 INITIAL PHYSIOTHERAPY 51 16.58* 33 FUP ODIATRIC OFFICE VISIT 32 FEBRUARY 51 16.58* 34 ELECTROCARDIOGRAM (EKG) 33.16* 35 EKG-INTERPRET AND REPORT ONLY 8.72 P 8.72 P 35 36 SPIROMETRY 24.87* 36 OBJECTION OF SPECIMENS 30.00 37 37 ELECTROENCEPHALOGRAM (EEG) 38 OO 39 40 OBBRIGGEMENT OF NAILS 40.00 41 41 SKIN BIOPSY 41.45* 42 CHEMOCAUTERY 40.00 41 42 CHEMOCAUTERY 41.45* 43 RADICAL MASTECTOMY 41.45* 44 RADICAL MASTECTOMY 41.45* 45 RATHEROCENTESIS—MAJOR JOINT 24.87* 48 RATHEROCENTESIS—MAJOR JOINT 24.87* 48 RECLE PUNCTURE OF BURSA 42 48 RECLE PUNCTURE OF BURSA 44 49 BRONCHOSCOPY 49.74* 49 BRONCHOSCOPY 49.74* 50 THORACENTESIS 49.74* 50 THORACENTESIS 59.5* 51 CATHERIZATION OF PEACMAKER 494.08* 52 INSERTION OF PACEMAKER 59.5* 51 CATHERIZATION OF PACEMAKER 59.5* 51 CATHERIZATION OF PACEMAKER 59.5* 51 APPENDECTOMY 59.5* 53 PARTIAL COLECTOMY 59.5* 54 APPENDECTOMY 59.5* 54 APPENDECTOMY 59.5* 55 APPENDECTOMY 59.5* 56 APPENDECTOMY 59.5* 56 APPENDECTOMY 59.5* 57 APPENDECTOMY 59.5* 58 APPENDECTOMY 59.5* 58 APPENDECTOMY 59.5* 59 PARTIAL COLECTOMY 59.5* 50 APPENDECTOMY 59.5* 51 CATHERIZATION OF PACEMAKER 59.5* 51 CATHERIZATION OF PACEMAKER 59.5* 51 APPENDECTOMY 59.5* 54 APPENDECTOMY 59.5* 55 APPENDECTOMY 59.5* 56 APPENDECTOMY 59.5* 57 APPENDECTOMY 59.5* 58 APPENDECTOMY 59.5* 59 PARTIAL COLECTOMY 59.5* 50 APPENDECTOMY 59.5* 51 CATHERIZATION OF PACEMAKER 59.5* 51 APPENDECTOMY 59.5* 51 APPENDECTOMY 59.5* 52 APPENDECTO	22 EXTENDED F/U HOSPITAL VISIT		29.48*	22
24 LIMITEO EMERGENCY ROOM VISIT   27.04   24   25   25 INTERMED EMERGENCY ROOM VISIT   27.04   25   25   26 LIMITEO CONSULTATION   41.45*   30.00   26   27   EXTENSIVE CONSULTATION   41.45*   30.00   27   28   29 PSYCHOTHERAPY-ONE HOUR   58.95*   28   29 PSYCHOTHERAPY-HALF HOUR   58.03*   29   29   20   20   20   20   20   20	The state of the s		27.04	23
25 INTERMED EMERGENCY ROOM VISIT   27.04   25.05   2			27.04	24
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30   PSYCHOTHERAPY—HALF HOUR   33   16*   30   31   31   31   31   31   31   31				
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24.87*   32   33   7/U PODITARIC OFFICE VISIT   16.58*   33   34   ELECTROCARDIGGRAM (EKG)   33.16*   30.00   34   35   24.87*   36   37.00   34   35   24.87*   36   37.00   37   38   38   38   38   38   38   38		12 65*		_
33 F/U POOIATRIC OFFICE VISIT   16.58*   33   34   ELECTROCAROIOGRAM (EKG)   33.16*   30.00   34   35   EKG-INTERPRET AND REPORT ONLY   8.72 P   35   36   SPIROMETRY   24.87*   36   37   37   ELECTROENCEPHALOGRAM (EEG)   37   38   CHEMOTHERAPY   24.87*   38   39   COLLECTION OF SPECIMENS   3.00   39   39   39   39   39   39   39		12.03*		
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46 CORONARY ARTERY BYPASS 47 TOTAL ARTIFICIAL HIP REPLACE 48 NEEOLE PUNCTURE OF BURSA 49 BRONCHOSCOPY 50 THORACENTESIS 51 CATHERIZATION OF HEART 52 INSERTION OF PACEMAKER 53 PARTIAL COLECTOMY 54 APPENDECTOMY 55 APPENDECTOMY 56 CORONARY ARTERY BYPASS 56 440.08* 57 CATHERIZATION OF PACEMAKER 58 CORONARY ARTERY BYPASS 59 CORONARY ARTERY BYPASS 50 CATHERIZATOR BURSA 50 CATHERIZATION OF HEART 50 CATHERIZATION OF PACEMAKER 51 CATHERIZATION OF PACEMAKER 52 CATHERIZATION OF PACEMAKER 53 CATHERIZATION OF PACEMAKER 54 CORONARY ARTERY BYPASS 56 CORONARY ARTERY BYPASS 57 CATHERIZATION OF HEART 58 CATHERIZATION OF HEART 59 CATHERIZATION OF PACEMAKER 50 CATHERIZATION OF PACEMAKER 51 CATHERIZATION OF PACEMAKER 52 CATHERIZATION OF PACEMAKER 53 CATHERIZATION OF PACEMAKER 54 CORONARY ARTERY BYPASS 56 CATHERIZATION OF HEART 57 CATHERIZATION OF HEART 58 CATHERIZATION OF PACEMAKER 59 CATHERIZATION OF PACEMAKER 50 CATHERIZATION OF PACEMAKER 51 CATHERIZATION OF PACEMAKER 52 CATHERIZATION OF PACEMAKER 53 CATHERIZATION OF PACEMAKER 54 CATHERIZATION OF PACEMAKER 55 CATHERIZATION OF PACEMAKER 56 CATHERIZATION OF PACEMAKER 57 CATHERIZATION OF PACEMAKER 58 CATHERIZATION OF PACEMAKER 59 CATHERIZATION OF PACEMAKER 50 CATHERIZATION OF PACEMAKER 51 CATHERIZATION OF PACEMAKER 52 CATHERIZATION OF PACEMAKER 53 CATHERIZATION OF PACEMAKER 54 CATHERIZATION OF PACEMAKER 55 CATHERIZATION OF PACEMAKER 56 CATHERIZATION OF PACEMAKER 57 CATHERIZATION OF PACEMAKER 58 CATHERIZATION OF PACEMAKER 59 CATHERIZATION OF PACEMAKER 50 CATHERIZATION OF PACEMAKER 59 CATHERIZATION OF PACEMAKER 50 CATHERIZATION OF PACEMAKER 51 CATHERIZATION OF PACEMAKER 57 CATHERIZATION OF PACEMAKER 58 CATHERIZATION OF PACEMAKER 59 CATHERIZATION OF PACEMAKER 59 CATHERIZATION OF PACEMAKER 50 CATHERIZATION OF PACEMAKER 50 CATHERIZATION OF PACEMAKER 51	44 OPEN REDUCTION OF FRACTURE			
47 TOTAL ARTIFICIAL HIP REPLACE 48 NEEOLE PUNCTURE OF BURSA 49 BRONCHOSCOPY 50 THORACENTESIS 51 CATHERIZATION OF HEART 52 INSERTION OF PACEMAKER 53 PARTIAL COLECTOMY 54 APPENDECTOMY 55 APPENDECTOMY 56 248.70* 48 48 48 48 48 48 48 48 48 48 48 48 48 4	45 ARTHROCENTESIS-MAJOR JOINT	24.87*		
## NEEOLE PUNCTURE OF BURSA  ## NEEOLE PUNCTURE OF BURSA  ## BRONCHOSCOPY  ## 200.00  ## 49.74*  ## 50  ## 50 THORACENTESIS  ## 51 CATHERIZATION OF HEART  ## 52 INSERTION OF PACEMAKER  ## 53 PARTIAL COLECTOMY  ## 54 APPENDECTOMY  ## 65.95*  ## 1077.70*  ## 55 55 STATE OF BURSA  ## 100.00  ## 100.	46 CORONARY ARTERY BYPASS			
49 BRONCHOSCOPY 50 THORACENTESIS 51 CATHERIZATION OF HEART 52 INSERTION OF PACEMAKER 53 PARTIAL COLECTOMY 549.74* 551 54 APPENDECTOMY 550 561 570 571 571 572 573 574 575 575 575 575 575 575 575 575 575	47 TOTAL ARTIFICIAL HIP REPLACE			
50 THORACENTESIS 51 CATHERIZATION OF HEART 52 INSERTION OF PACEMAKER 53 PARTIAL COLECTOMY 549.74* 550 51 52 INSERTION OF PACEMAKER 53 PARTIAL COLECTOMY 540 551 553 554 555 555 555 555 556 557 557 557 558 559 559 559 559 559 559 559 559 559	48 NEEOLE PUNCTURE OF BURSA			
50 THORACENTESIS 49.74* 50 51 CATHERIZATION OF HEART 455.95* 51 52 INSERTION OF PACEMAKER 494.08* 52 53 PARTIAL COLECTOMY 1077.70* 53 54 APPENDECTOMY 414.55* 55	49 BRONCHOSCOPY			
51 CATHERIZATION OF HEART       455.95*       51         52 INSERTION OF PACEMAKER       494.08*       52         53 PARTIAL COLECTOMY       1077.70*       53         54 APPENDECTOMY       414.50*       54			49.74*	
52 INSERTION OF PACEMAKER 53 PARTIAL COLECTOMY 54 APPENDECTOMY 54 APPENDECTOMY 55 APPENDECTOMY 56 APPENDECTOMY 57 APPENDECTOMY 58 APPENDECTOMY 59 APPENDECTOMY 50 APPENDECTOMY			455.95*	5 1
53 PARTIAL COLECTOMY 1077.70* 53 54 APPENDECTOMY 414.50* 54			494.08*	52
54 APPENOECTOMY 414.50* 54			1077.70*	53
AA AEA			414.50*	54
			41.45*	55

PROCEOURE DESCRIPTION	SINGLE	SINGLE	
56 HEMORRHOIDECTOMY		414.50*	56
57 CHOLECYSTECTOMY		746.10*	57
58 REPAIR HERNIA		414.50*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	82.90*	82.90*	59
60 DILATION OF URETHRA		20.00	60
61 PROSTATECTOMY - SUPRAPUBIC		885.37*	61
62 ELECTROSECTION-PROSTATE (TUR)	746.10*	746.10*	62
63 HYSTERECTOMY		750.00	63
64 INITIAL COMPLETE EYE EXAM		24.87*	64
65 COMPREHENSIVE EYE EXAM		24.87*	65
66 EYE EXAM WITH TONOMETRY		12.43*	66
67 EXTRACTION OF LENS	746.10*	746.10*	67
68 CHEST X-RAY - SINGLE VIEW	24.87*	16.58*	68
69 CHEST X-RAY - TWO VIEWS	24.87*	24.87*	69
70 X-RAY SPINE		33.16*	70
71 X-RAY HIP		24.87*	71
72 X-RAY UPPER GI TRACT	58.03*	58.03*	72
73 X-RAY COLON		49.74*	73
74 RADIATION THERAPY-LOW VOLT	18.39	18.39	74
75 RADIATION THERAPY-SUPER VOLT	50.00	50.00	75
76 RADIATION THERAPY-MEGAVOLT		50.00	76
77 CAT SCAN - HEAD		56.40	77
78 CAT SCAN - ABOOMEN			78
79 THREE CHEMISTRY TESTS		13.95	79
80 NINETEEN CHEMISTRY TESTS			80
81 CULTURE - OTHER THAN BLOOD		8.00	81
82 HEMOGLOBIN		3.00L	82
83 AUTOMATED BLOOD COUNT		9.00L	83
84 WHITE CELL COUNT		4.00L	84
85 COMPLETE BLOOD COUNT (CBC)		9.00L	85
86 CHOLESTEROL TEST		7.00L	86
87 FLOCCULATION TEST 88 HEMATOCRIT		7.00	87
89 PLATELET COUNT (REES-ECKER)		3.00 7.00	88 89
90 POTASSIUM TEST - BLOOD		8.00	90
91 PROTHROMBIN TIME TEST		7.00	91
92 SECIMENTATION RATE		6.00L	92
93 BLOOD SUGAR		6.60L	93
94 BUN-UREA - NITROGEN		7.00L	94
95 URIC ACID		6.00	95
96 FECES-OCCULT BLOOD-SCREENING		5.00	96
97 PAP TEST		7.00L	97
98 ROUTINE URINALYSIS		5.00	98
99 CHEMICAL URINALYSIS		4.00	99
100 PATHOLOGY - THREE SPECIMENS		25.00	100
101 ELEC MONITORING-PACEMAKER		35.14*	101
102 OONOR NEPHRECTOMY-UNILATERAL			102
103 KIONEY TRANSPLANT			103
104 HOSPITAL BEO - RENTAL		20.00	104
105 WALKER - RENTAL		5.00	105
106 WHEELCHAIR - RENTAL		12.00	106
107 LIQUIO DXYGEN - RENTAL			107
108 HOSPITAL BEO - PURCHASE		450.00	108
109 WALKER - PURCHASE		33.90	109
110 WHEELCHAIR - PURCHASE		259.00	110

SOUTH CAROLINA

## SOUTH CAROLINA

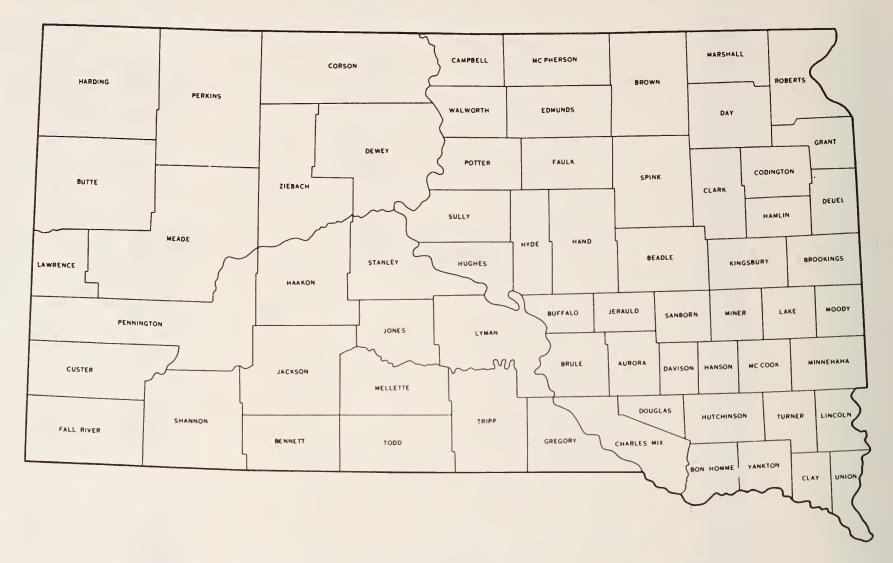


PROCEDURE DESCRIPTION	SINGLE	SINGLE	
1 INITIAL BRIEF OFFICE VISIT		11.76	1
2 INITIAL LIMITED OFFICE VISIT	9.25*	13.33	2
3 INITIAL INTERMEO OFFICE VISIT	3.23	20.00	3
4 INITIAL COMP OFFICE VISIT	30.00	52.64	4
5 MINIMAL FOLLOWUP OFFICE VISIT	9.25*	11.76	5
6 BRIEF FOLLOWUP OFFICE VISIT	9.25*	11.76	6
7 LIMITEO FOLLOWUP OFFICE VISIT	9.25*	13.33	7
8 INTERMEDIATE F/U OFFICE VISIT	15.00	20.00	8
9 EXTENOEO F/U OFFICE VISIT	22.05	29.41	9
10 COMP FOLLOWUP OFFICE VISIT	30.00	52.64	10
11 BRIEF FOLLOWUP HOME VISIT	16.58*	16.58*	11
12 LIMITEO FOLLOWUP HOME VISIT		16.58*	12
13 INTERMOIATE F/U HOME VISIT	20.00	20.00	13
14 EXTENDED CARE FACILITY VISIT		13.33	14
15 BRIEF F/U NURSING HOME VISIT	9.25*	13.33	15
16 INITIAL BRIEF HOSPITAL VISIT	39.56*	38.37	16
17 INIT INTERMEO HOSPITAL VISIT		38.37	17
18 INITIAL COMP HOSPITAL VISIT	40.00	58.03	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	12.72*	15.02	19
20 LIMITEO F/U HOSPITAL VISIT	12.72*	15.02	20
21 INTERMEO F/U HOSPITAL VISIT	15.00*	25.00	21
22 EXTENDED F/U HOSPITAL VISIT		29.41	22
23 BRIEF EMERGENCY ROOM VISIT		15.60	23
24 LIMITEO EMERGENCY ROOM VISIT		15.75	24
25 INTERMEO EMERGENCY ROOM VISIT		15.75	25
26 LIMITEO CONSULTATION	39.44	39.34	26
27 EXTENSIVE CONSULTATION		50.40	27
28 COMPREHENSIVE CONSULTATION		58.03	28
29 PSYCHOTHERAPY-ONE HOUR		40.80	29
30 PSYCHOTHERAPY-HALF HOUR		27.20	30
31 CHIROPRACTIC OFFICE VISIT	8.82	8.82	31
32 INITIAL PHYSIOTHERAPY		8.57	32
33 F/U POOIATRIC OFFICE VISIT		15.00	33
34 ELECTROCAROIOGRAM (EKG)	20.00*	22.00	34
35 EKG-INTERPRET AND REPORT ONLY	7.50*	10.00	35
36 SPIROMETRY		22.05	36
37 ELECTROENCEPHALOGRAM (EEG)		66, 19	37
38 CHEMOTHERAPY		35.00	38
39 COLLECTION OF SPECIMENS		3.00	39
40 OEBRIOEMENT OF NAILS		21.80*	40
41 SKIN BIOPSY		30.00*	41
42 CHEMOCAUTERY		39.90	42
43 RADICAL MASTECTOMY		691.40	43
44 OPEN REDUCTION OF FRACTURE		696.36	44
45 ARTHROCENTESIS-MAJOR JOINT	20.74	24.89	45
46 CORONARY ARTERY BYPASS		3132.08	46
47 TOTAL ARTIFICIAL HIP REPLACE		1742.34	47
48 NEEOLE PUNCTURE OF BURSA		25.00*	48
49 BRONCHOSCOPY		165.80	49
50 THORACENTESIS		41.45	50
51 CATHERIZATION OF HEART		377.85	51
52 INSERTION OF PACEMAKER		930.00	52
53 PARTIAL COLECTOMY		900.00	53
54 APPENOECTOMY	331.60	354.36	54
55 SIGMOIOOSCOPY		40.00	55

	PROCEOURE DESCRIPTION	SINGLE	SINGLE	
56	HEMORRHOIOECTOMY		326.41	56
	CHOLECYSTECTOMY		622.40	57
	REPAIR HERNIA		374.06	58
	DIAGNOSTIC CYSTOURETHROSCOPY	75.00*	75.00	59
	OILATION OF URETHRA	75.00	16.58	60
	PROSTATECTOMY - SUPRAPUBIC		795.84	61
	ELECTROSECTION-PROSTATE (TUR)	663.20*	663.20	62
	HYSTERECTOMY	000.20	663.20	63
	INITIAL COMPLETE EYE EXAM		30.30	64
	COMPREHENSIVE EYE EXAM		30.00	65
	EYE EXAM WITH TONOMETRY		13.23	66
	EXTRACTION OF LENS	663.20	663.20	67
	CHEST X-RAY - SINGLE VIEW	20.00	8.29 P	68
	CHEST X-RAY - TWO VIEWS	24.00	12.00 P	69
	X-RAY SPINE	24.00	18.00 P	70
	X-RAY HIP		13.00 P	71
	X-RAY UPPER GI TRACT	55.00	27.00 P	72
	X-RAY COLON	55.00	26.00 P	73
	RADIATION THERAPY-LOW VOLT	13.00		74
	RADIATION THERAPY-LOW VOLT	17.00	13.00 P 17.00 P	75
	RADIATION THERAPY-MEGAVOLT	17.00		76
			21.01 P	
	CAT SCAN - HEAD		225.00	77
	CAT SCAN - ABOOMEN		225.00	78
	THREE CHEMISTRY TESTS		12.00	79
	NINETEEN CHEMISTRY TESTS		24.00	80
	CULTURE - OTHER THAN BLOOD		10.00	81
	HEMOGLOBIN		2.50L	82
	AUTOMATEO BLOOD COUNT		8.00	83
	WHITE CELL COUNT		3.00L	84
	COMPLETE BLOOD COUNT (CBC)		5.00L	85
	CHOLESTEROL TEST		3.15L	86
	FLOCCULATION TEST		7.00	87
	HEMATOCRIT		2.50L	88
	PLATELET COUNT (REES-ECKER)		6.00	89
	POTASSIUM TEST - BLOOD		7.00	90
	PROTHROMBIN TIME TEST		4.00L	91
	SEOIMENTATION RATE		3.50L	92
	BLOOD SUGAR		3.00L	93
	BUN-UREA - NITROGEN		3.00L	94
	URIC ACIO		3.00L	95
	FECES-OCCULT BLOOD-SCREENING		5.00	96
	PAP TEST		3.85L	97
	ROUTINE URINALYSIS		3.00L	98
	CHEMICAL URINALYSIS		4.00	99
	PATHOLOGY - THREE SPECIMENS		19.00	100
	ELEC MONITORING-PACEMAKER		25.00	101
	OONOR NEPHRECTOMY-UNILATERAL		2076.00	102
	KIONEY TRANSPLANT		1685.70	103
	HOSPITAL BEO - RENTAL		42.59L	104
	WALKER - RENTAL		10.40	105
	WHEELCHAIR - RENTAL		25.00L	106
	LIQUIO OXYGEN - RENTAL		2074.80	107
	HOSPITAL BEO - PURCHASE		390.00L	108
	WALKER - PURCHASE		37.38	109
110	WHEELCHAIR - PURCHASE		260.00L	110

SOUTH DAKOTA

### **SOUTH DAKOTA**



One Locality - Statewide

SINGLE

#### PROCEOURE DESCRIPTION

PROCEOURE DESCRIPTION		STAGEE	
1 INITIAL BRIEF OFFICE VISIT		1.10*	1
2 INITIAL LIMITED OFFICE VISIT		33.95*	2
3 INITIAL INTERMED OFFICE VISIT		33.95*	3
4 INITIAL COMP OFFICE VISIT		40.00*	4
5 MINIMAL FOLLOWUP OFFICE VISIT		6.60*	5
6 BRIEF FOLLOWUP OFFICE VISIT		9.90*	6
7 LIMITEO FOLLOWUP OFFICE VISIT		15.00*	7
8 INTERMEDIATE F/U OFFICE VISIT		18.00*	8
9 EXTENDED F/U OFFICE VISIT		20.00*	9
10 COMP FOLLOWUP OFFICE VISIT		33.10*	10
11 BRIEF FOLLOWUP HOME VISIT			11
12 LIMITED FOLLOWUP HOME VISIT	•	15.00*	12
13 INTERMOIATE F/U HOME VISIT		15.00*	13
14 EXTENDED CARE FACILITY VISIT		9.70*	14
15 BRIEF F/U NURSING HOME VISIT		16.70*	15
16 INITIAL BRIEF HOSPITAL VISIT		29.80*	16
17 INIT INTERMED HOSPITAL VISIT		47.40*	17
18 INITIAL COMP HOSPITAL VISIT		58.00*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT		9.90*	19
20 LIMITEO F/U HOSPITAL VISIT		16.70*	20
21 INTERMED F/U HOSPITAL VISIT		16.70*	21
22 EXTENDED F/U HOSPITAL VISIT		33.10*	22
23 BRIEF EMERGENCY ROOM VISIT		15.60*	23
24 LIMITEO EMERGENCY ROOM VISIT		29.25*	24
25 INTERMED EMERGENCY ROOM VISIT		29.25*	25
26 LIMITEO CONSULTATION		41.40+	26
27 EXTENSIVE CONSULTATION		41.40*	27
28 COMPREHENSIVE CONSULTATION		58.00*	28
29 PSYCHOTHERAPY-ONE HOUR		49.70*	29
30 PSYCHOTHERAPY-HALF HOUR			30
31 CHIROPRACTIC OFFICE VISIT		9.90*	31
32 INITIAL PHYSIOTHERAPY		10.00*	32
33 F/U PODIATRIC OFFICE VISIT			33
34 ELECTROCARDIOGRAM (EKG)		24.90*	34
35 EKG-INTERPRET AND REPORT ONLY		14.90*	35
36 SPIROMETRY		24.90*	36
37 ELECTROENCEPHALOGRAM (EEG)		74.50*	37
38 CHEMOTHERAPY		20.00*	38
39 COLLECTION OF SPECIMENS		3.00*	39
40 DEBRIDEMENT OF NAILS		14.00*	40
41 SKIN BIOPSY		29.80*	41
42 CHEMOCAUTERY		16.70*	42
43 RADICAL MASTECTOMY		696.50*	43
44 OPEN REDUCTION OF FRACTURE		663.40*	44
45 ARTHROCENTESIS-MAJOR JOINT		18.00*	45
46 CORONARY ARTERY BYPASS		16.70*	46 47
47 TOTAL ARTIFICIAL HIP REPLACE		846.20*	48
48 NEEOLE PUNCTURE OF BURSA		19.90*	49
49 BRONCHOSCOPY		165.80*	50
50 THORACENTESIS		29.80*	51
51 CATHERIZATION OF HEART		418.50*	52
52 INSERTION OF PACEMAKER		995.00*	53
53 PARTIAL COLECTOMY		829.20*	54
54 APPENOECTOMY		360.00* 29.80*	55
55 SIGMOIOOSCOPY	221	29.60*	35

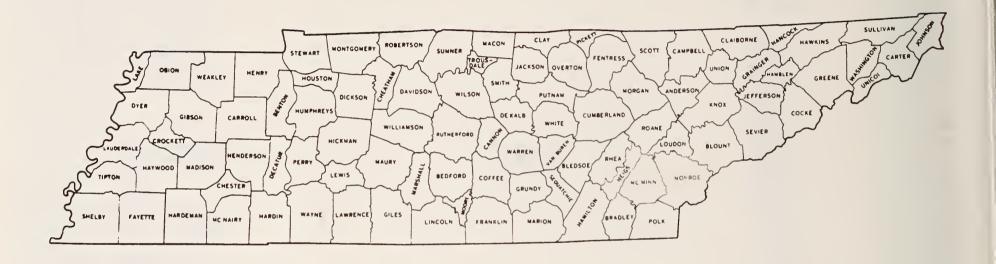
PROCEOURE DESCRIPTION

SINGLE

PROCEOURE DESCRIPTION	SINGLE	
56 HEMORRHOIOECTOMY	248.90*	56
57 CHOLECYSTECTOMY	597.00*	57
58 REPAIR HERNIA	348.20*	58
59 OIAGNOSTIC CYSTOURETHROSCOPY	49.70*	59
60 DILATION OF URETHRA	17.50*	60
61 PROSTATECTOMY - SUPRAPUBIC	750.00*	61
62 ELECTROSECTION-PROSTATE (TUR)	746.20*	62
63 HYSTERECTOMY	651.00*	63
64 INITIAL COMPLETE EYE EXAM	19.40*	64
65 COMPREHENSIVE EYE EXAM	13.40*	65
66 EYE EXAM WITH TONOMETRY		66
67 EXTRACTION OF LENS	796.10*	67
68 CHEST X-RAY - SINGLE VIEW	18.50*	68
69 CHEST X-RAY - TWO VIEWS	29.80*	69
70 X-RAY SPINE	33.00*	70
71 X-RAY HIP	33.10*	71
72 X-RAY UPPER GI TRACT	50.00*	72
73 X-RAY COLON	50.00*	73
74 RADIATION THERAPY-LOW VOLT	16.00*	74
75 RADIATION THERAPY-SUPER VOLT	17.50*	75
76 RADIATION THERAPY-MEGAVOLT	17.50*	76
77 CAT SCAN - HEAD	160.00*	77
78 CAT SCAN - ABOOMEN	50.00*P	78
79 THREE CHEMISTRY TESTS	15.10	79
BO NINETEEN CHEMISTRY TESTS	20.00	80
81 CULTURE - OTHER THAN BLOOD	15.10	81
82 HEMOGLOBIN	3.00L	82
83 AUTOMATEO BLOOD COUNT	9.00	83
84 WHITE CELL COUNT	3.50L	84
85 COMPLETE BLOOD COUNT (CBC)	9.00L	85
86 CHOLESTEROL TEST	7.00L	86
87 FLOCCULATION TEST	9.00	87
88 HEMATOCRIT	3.00L	88
89 PLATELET COUNT (REES-ECKER)	7.00	89
90 POTASSIUM TEST - BLOOD	8.80	90
91 PROTHROMBIN TIME TEST	6.00L	91
92 SEDIMENTATION RATE	4.50L	92
93 BLOOD SUGAR	5.00L	93
94 BUN-UREA - NITROGEN	7.00L	94
95 URIC ACIO	6.00L	95
96 FECES-OCCULT BLOOD-SCREENING	24.70	96
97 PAP TEST	5.50L	97
98 ROUTINE URINALYSIS	4.OOL	98
99 CHEMICAL URINALYSIS	2.70	99
100 PATHOLOGY - THREE SPECIMENS	2.70	100
101 ELEC MONITORING-PACEMAKER	21.30*	101
102 OONOR NEPHRECTOMY-UNILATERAL		102
103 KIONEY TRANSPLANT		103
104 HOSPITAL BEO - RENTAL		104
105 WALKER - RENTAL	12.60	105
106 WHEELCHAIR - RENTAL	15.00L	106
107 LIQUIO OXYGEN - RENTAL	26.00	107
108 HOSPITAL BEO - PURCHASE		108
109 WALKER - PURCHASE	53.90	109
110 WHEELCHAIR - PURCHASE	275 001	110
	222	

TENNESSEE

### **TENNESSEE**



One Locality - Statewide

PROCEOURE DESCRIPTION	35	35	
1 INITIAL BRIEF OFFICE VISIT		19.90*	1
2 INITIAL LIMITEO OFFICE VISIT	25.00	41.40*	2
3 INITIAL INTERMEO OFFICE VISIT	23.00	41.40*	3
	35.00	49.75*	4
4 INITIAL COMP OFFICE VISIT			5
5 MINIMAL FOLLOWUP OFFICE VISIT	4.90*	4.90*	6
6 BRIEF FOLLOWUP OFFICE VISIT	8.30*	11.60*	7
7 LIMITEO FOLLOWUP OFFICE VISIT	40.00:	40.00	
8 INTERMEDIATE F/U OFFICE VISIT	13.30*	16.00	8
9 EXTENDED F/U OFFICE VISIT	15.00	19.90*	9
10 COMP FOLLOWUP OFFICE VISIT	33.10*	33.10*	10
11 BRIEF FOLLOWUP HOME VISIT	16.70*	19.90*	11
12 LIMITEO FOLLOWUP HOME VISIT			12
13 INTERMOIATE F/U HOME VISIT	18.00		13
14 EXTENDED CARE FACILITY VISIT		15.00	14
15 BRIEF F/U NURSING HOME VISIT	8.30*	11.60*	15
16 INITIAL BRIEF HOSPITAL VISIT	24.90*	24.90*	16
17 INIT INTERMED HOSPITAL VISIT		49.75*	17
18 INITIAL COMP HOSPITAL VISIT	40.00	58.00*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	10.00*	13.30*	19
20 LIMITED F/U HOSPITAL VISIT			20
21 INTERMED F/U HOSPITAL VISIT	15.00	16.70	21
22 EXTENDED F/U HOSPITAL VISIT	10.00	35.00	22
23 BRIEF EMERGENCY ROOM VISIT		15.90*	23
		19.80*	24
24 LIMITED EMERGENCY ROOM VISIT		33.00*	25
25 INTERMED EMERGENCY ROOM VISIT	46.70+		
26 LIMITEO CONSULTATION	16.70*	24.90*	26
27 EXTENSIVE CONSULTATION		49.75*	27
28 COMPREHENSIVE CONSULTATION		normal (	28
29 PSYCHOTHERAPY-ONE HOUR		33.10*	29
30 PSYCHOTHERAPY-HALF HOUR			30
31 CHIROPRACTIC OFFICE VISIT		9.80	31
32 INITIAL PHYSIOTHERAPY			32
33 F/U POOIATRIC OFFICE VISIT			33
34 ELECTROCAROIOGRAM (EKG)	20.00	24.00	34
35 EKG-INTERPRET AND REPORT ONLY	5.00 P	7.00 P	35
36 SPIROMETRY		20.00*	36
37 ELECTROENCEPHALOGRAM (EEG)		66.40*	37
38 CHEMOTHERAPY			38
39 COLLECTION OF SPECIMENS		3.00L	39
40 DEBRIDEMENT OF NAILS		17.20*	40
41 SKIN BIOPSY		35.00	41
42 CHEMOCAUTERY		19.90*	42
43 RADICAL MASTECTOMY		717.00*	43
		914.00*	44
44 OPEN REDUCTION OF FRACTURE	17.00*	17.20*	45
45 ARTHROCENTESIS-MAJOR JOINT	17.00*	2712.40*	46
46 CORONARY ARTERY BYPASS		1409.50*	47
47 TOTAL ARTIFICIAL HIP REPLACE		17.50	48
48 NEEOLE PUNCTURE OF BURSA		182.50*	49
49 BRONCHOSCOPY			50
50 THORACENTESIS		41.40*	
51 CATHERIZATION OF HEART		000.00	51
52 INSERTION OF PACEMAKER		829.20*	52
53 PARTIAL COLECTOMY		829.20*	53
54 APPENOECTOMY	431.20*	415.00	54
55 SIGMOIOOSCOPY		29.90*	55

PROCEDURE DESCRIPTION

35

## TENNESSEE LOCALITY DESIGNATION FOR SPECIALIST

35

56	HEMORRHOIDECTOMY		331.70*	56
57	CHOLECYSTECTOMY		601.20*	57
58	REPAIR HERNIA		373.10*	58
	DIAGNOSTIC CYSTOURETHROSCOPY	41.40*	41.40*	59
	DILATION OF URETHRA		15.00*	60
	PROSTATECTOMY - SUPRAPUBIC		746.20*	61
	ELECTROSECTION-PROSTATE (TUR)		729.70*	62
	HYSTERECTOMY		663.40*	63
	INITIAL COMPLETE EYE EXAM		27.80*	64
			27.00	65
	COMPREHENSIVE EYE EXAM			
	EYE EXAM WITH TONOMETRY	663 40+	662 40+	66
	EXTRACTION OF LENS	663.40*	663.40*	67
	CHEST X-RAY - SINGLE VIEW	18.30*	19.50	68
	CHEST X-RAY - TWO VIEWS	24.90*	24.90*	69
_	X-RAY SPINE		00.00	70
	X-RAY HIP		28.20*	71
	X-RAY UPPER GI TRACT	58.00*	58.00*	72
	X-RAY COLON		49.75*	73
	RADIATION THERAPY-LOW VOLT		21.00	74
	RADIATION THERAPY-SUPER VOLT		24.90*	75
	RADIATION THERAPY-MEGAVOLT			76
	CAT SCAN - HEAD			77
78	CAT SCAN - ABOOMEN			78
79	THREE CHEMISTRY TESTS		10.50L	79
80	NINETEEN CHEMISTRY TESTS		21.00L	80
81	CULTURE - OTHER THAN BLOOD			81
82	HEMOGLOBIN		3.00L	82
83	AUTOMATED BLOOD COUNT			83
84	WHITE CELL COUNT		4.00L	84
85	COMPLETE BLOOD COUNT (CBC)		7.00L	85
86	CHOLESTEROL TEST		6.00L	86
87	FLOCCULATION TEST		6.00	87
88	HEMATOCRIT		3.00L	88
89	PLATELET COUNT (REES-ECKER)		8.00	89
90	POTASSIUM TEST - BLOOD		9.00	90
91	PROTHROMBIN TIME TEST		6.00L	91
92	SEDIMENTATION RATE		4.00L	92
93	BLOOD SUGAR		6.00L	93
94	BUN-UREA - NITROGEN		7.00L	94
95	URIC ACID		7.00L	95
96	FECES-OCCULT BLOOD-SCREENING		5.00	96
97	PAP TEST		7.00L	97
98	ROUTINE URINALYSIS		3.50L	98
	CHEMICAL URINALYSIS		3.00	99
	PATHOLOGY - THREE SPECIMENS			100
101	ELEC MONITORING-PACEMAKER		35.00	101
102	OONOR NEPHRECTOMY-UNILATERAL		1090.00	102
103	KIDNEY TRANSPLANT			103
104	HOSPITAL BEO - RENTAL		42.00	104
	WALKER - RENTAL		10.60	105
	WHEELCHAIR - RENTAL		23.32	106
	LIQUIO OXYGEN - RENTAL			107
	HOSPITAL BEO - PURCHASE		63.60	108
	WALKER - PURCHASE		323.30	109
	WHEELCHAIR - PURCHASE		40.28	110
		226		
			219.90	

#### TEXAS

Because of carrier computer difficulties at the time of printing no data is available for Texas in the directory. Those interested in Medicare data for these procedures for Texas can write direct to:

Group Medical and Surgical Service P.O. Box 222147 Dallas, Texas 75222

UTAH

# **UTAH** CACHE RICH BOX ELDER MORGAN DAGGETT SUMMIT SALT LAKE TOOELE WASATCH DUCHESNE UINTAH UTAH CARBON SANPETE EMERY SEVIER BEAVER PIUTE WAYNE GARFIELD SAN JUAN

One Locality - Statewide

KANE

WASHINGTON

PRDCEDURE DESCRIPTION	01	01	
1 INITIAL BRIEF DFFICE VISIT		16.70*	1
2 INITIAL LIMITED DEFICE VISIT	12.00*	16.70*	2
3 INITIAL INTERMED DEFICE VISIT	12.00	34.70*	3
4 INITIAL COMP DEFICE VISIT	40.00*	48.00*	4
5 MINIMAL FOLLOWUP DEFICE VISIT	6.00*	7.40*	5
6 BRIEF FOLLOWUP DEFICE VISIT	9.60*	9.90*	6
7 LIMITED FOLLOWUP OFFICE VISIT	9:60*	9.90*	7
8 INTERMEDIATE F/U DFFICE VISIT	12.00*	14.90*	8
9 EXTENDED F/U DFFICE VISIT	17.40*	17.40*	9
	30.00*	34.70*	
10 CDMP FOLLDWUP DFFICE VISIT			10
11 BRIEF FOLLDWUP HOME VISIT	16.70*	24.46*	11
12 LIMITED FOLLOWUP HOME VISIT	00.70	16.70*	12
13 INTERMOIATE F/U HOME VISIT	20.70*	16.70*	13
14 EXTENDED CARE FACILITY VISIT		7.40*	14
15 BRIEF F/U NURSING HDME VISIT	9.60*	9.90*	15
16 INITIAL BRIEF HOSPITAL VISIT	29.80*	39.98*	16
17 INIT INTERMED HOSPITAL VISIT		44.90*	17
18 INITIAL COMP HOSPITAL VISIT	69.60*	61.30*	18
19 BRIEF FOLLDWUP HOSPITAL VISIT	9.90*	10.90*	19
20 LIMITED F/U HDSPITAL VISIT	13.80*	13.00*	20
21 INTERMED F/U HDSPITAL VISIT	17.00*	22.00*	21
22 EXTENDED F/U HOSPITAL VISIT		25.70*	22
23 BRIEF EMERGENCY RDDM VISIT		14.00*	23
24 LIMITED EMERGENCY ROOM VISIT		25.00*	24
25 INTERMED EMERGENCY RDDM VISIT		42.00*	25
26 LIMITED CONSULTATION	29.80*	26.80*	26
27 EXTENSIVE CONSULTATION		49.70*	27
28 CDMPREHENSIVE CDNSULTATION		72.20*	28
29 PSYCHDTHERAPY-DNE HDUR		49.70*	29
30 PSYCHOTHERAPY-HALF HDUR		24.80*	30
31 CHIRDPRACTIC DFFICE VISIT	12.00+	11.20*	31
32 INITIAL PHYSIDTHERAPY	12,00	10.30*	32
33 F/U PDDIATRIC DFFICE VISIT		15.00*	33
34 ELECTROCARDIOGRAM (EKG)	25.00*	24.00*	34
35 EKG-INTERPRET AND REPORT DNLY	9.50*	11.50*	35
	9.50*		36
36 SPIROMETRY		37.50*	37
37 ELECTRDENCEPHALDGRAM (EEG)		58.00*	
38 CHEMDTHERAPY		17.00*	38
39 CDLLECTION OF SPECIMENS		7.00*	39
40 DEBRIDEMENT OF NAILS		40.00*	40
41 SKIN BIDPSY		24.40*	41
42 CHEMOCAUTERY		4.70*	42
43 RADICAL MASTECTOMY		673.00*	43
44 DPEN REDUCTION OF FRACTURE		720.00*	44
45 ARTHROCENTESIS-MAJDR JOINT	19.90*	23.25*	45
46 CORDNARY ARTERY BYPASS			46
47 TOTAL ARTIFICIAL HIP REPLACE		1552.28*	47
48 NEEDLE PUNCTURE OF BURSA		20.80*	48
49 BRONCHOSCOPY		146.10*	49
50 THORACENTESIS		40.00*	50
51 CATHERIZATION DF HEART		369.80*	51
52 INSERTION OF PACEMAKER		623.60*	52
53 PARTIAL COLECTOMY		812.40+	53
54 APPENDECTOMY	311.70*	325.50*	54
55 SIGMOIDDSCDPY		29.80*	55

	PRDCEDURE	DESCRIPTION
5	HEMDRRHOIDEC	TDMY

01

01

	•		
56 HEMDRRHOIDECTDMY		281.80*	56
57 CHDLECYSTECTDMY		517.30*	57
58 REPAIR HERNIA		355.20*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY		66.30*	59
60 DILATION OF URETHRA		20.00*	60
61 PROSTATECTOMY - SUPRAPUBIC		663.20*	61
62 ELECTROSECTION-PROSTATE (TUR)		663.20*	62
63 HYSTERECTOMY		640.00*	63
64 INITIAL COMPLETE EYE EXAM		20.80*	64
65 CDMPREHENSIVE EYE EXAM		20.00*	65
66 EYE EXAM WITH TONOMETRY		12.00*	66
67 EXTRACTION OF LENS		650.00*	67
68 CHEST X-RAY - SINGLE VIEW	25.00*	20.25*	68
69 CHEST X-RAY - TWO VIEWS	27.00*	26.70*	69
70 X-RAY SPINE	27.00*	45.00*	70
71 X-RAY HIP			70
72 X-RAY UPPER GI TRACT	60.70*	30.40*	72
	60.70*	58.00*	73
73 X-RAY COLON		58.00*	
74 RADIATION THERAPY-LOW VOLT			74
75 RADIATION THERAPY-SUPER VOLT			75
76 RADIATION THERAPY-MEGAVOLT		200 00	76
77 CAT SCAN - HEAD		300.00*	77
78 CAT SCAN - ABOOMEN		350.00*	78
79 THREE CHEMISTRY TESTS		11.00*	79
80 NINETEEN CHEMISTRY TESTS		25.00*	80
81 CULTURE - DTHER THAN BLDDD		12.00*	8 1
82 HEMOGLOBIN		2.50L	82
83 AUTDMATEO BLOOD COUNT		4.30*	83
84 WHITE CELL CDUNT		3.50L	84
85 CDMPLETE BLDDD CDUNT (CBC)		7.50L	85
86 CHOLESTEROL TEST		5.00L	86
87 FLDCCULATION TEST		4.00*	87
88 HEMATOCRIT		3.00L	88
89 PLATELET COUNT (REES-ECKER)		6.50*	89
90 PDTASSIUM TEST - BLOOD		7.00*	90
91 PROTHROMBIN TIME TEST		5.80L	91
92 SEDIMENTATION RATE		4.00L	92
93 BLDDD SUGAR		5.00L	93
94 BUN-UREA - NITRDGEN		5.00L	94
95 URIC ACID		5.00L	95
96 FECES-DCCULT BLDOD-SCREENING		4.00*	96
97 PAP TEST		7.50L	97
98 ROUTINE URINALYSIS		5.00*	98
99 CHEMICAL URINALYSIS		3.00*	99
100 PATHOLOGY - THREE SPECIMENS		22.00*	100
101 ELEC MDNITORING-PACEMAKER		47.00*	101
102 DDNDR NEPHRECTDMY-UNILATERAL			102
103 KIDNEY TRANSPLANT		1663.00*	103
104 HDSPITAL BED - RENTAL		39.40L	104
105 WALKER - RENTAL		15.00*	105
106 WHEELCHAIR - RENTAL		27.30L	106
107 LIQUID OXYGEN - RENTAL		2,,,,,	107
108 HOSPITAL BED - PURCHASE			108
109 WALKER - PURCHASE		49.00*	109
110 WHEELCHAIR - PURCHASE		262.50L	110
TIO WILLEGHAIR FUNCHASE		202.000	, 10

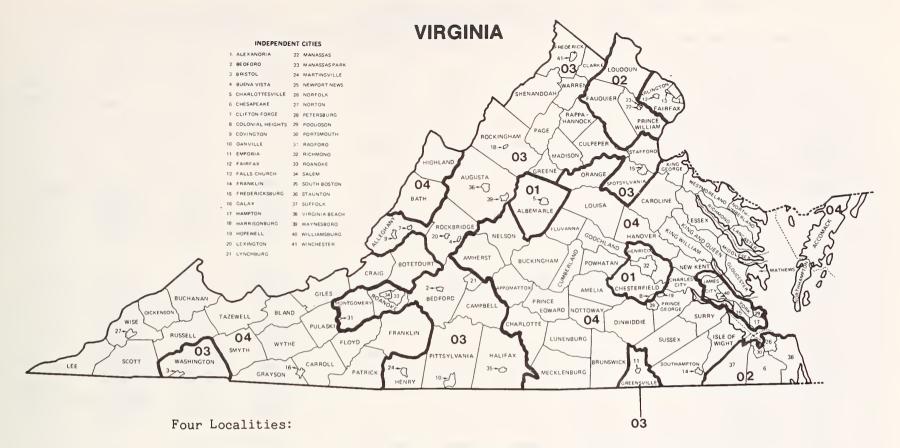
VERMONT



1 INITIAL BRIEF OFFICE VISIT   15.00   19.90*   2   2   3   1111IAL INTERMED OFFICE VISIT   15.00   30.00   3   3   3   3   3   3   3   3   3	PROCEOURE DESCRIPTION	02	02	
2 INITIAL LIMITEO OFFICE VISIT   15.00   19.90*   2   3   3   1111AL INTERMED OFFICE VISIT   16.00   3   3   3   3   1111AL INTERMED OFFICE VISIT   16.00   41.50*   41.50*   4   50*   4   50*   4   50*   4   50*   4   50*   4   50*   4   50*   4   50*   4   50*   4   50*   5   5   5   5   5   5   5   5   5	1 INITIAL BRIEF OFFICE VISIT			1
3 INITIAL INTERMED OFFICE VISIT 4 INITIAL COMP OFFICE VISIT 5 MINIMAL FOLLOWIP OFFICE VISIT 6 .00 8 10.00 8 10.00 8 10.00 7 C .00 8 10.00 8 10.00 7 C .00 8 10.00 8 10.00 7 C .00 8 10.00 7 C .00 8 10.00 8 10.00 7 C .00 8 10.00 8 10.00 7 C .00 8 10		15.00	19.90*	2
4 INITIAL COMP OFFICE VISIT   16.00   41.50+   4 5 MINIMAL FOLLOWIP OFFICE VISIT   10.00   10.00   6 6 RIFEF FOLLOWIP OFFICE VISIT   12.00   13.30+   7 1 LIMITED TOLLOWIP OFFICE VISIT   12.00   13.30+   7 9 EXTENDED F/U OFFICE VISIT   12.00   12.40+   11 10 COMP FOLLOWIP OFFICE VISIT   12.00   12.40+   11 11 RIFEF FOLLOWIP HOME VISIT   2.00   12.40+   11 12 LIMITED FOLLOWIP OFFICE VISIT   2.00   12.40+   11 14 EXTENDED CARE FACILITY VISIT   2.00   14.25+   15 15 RIFEF FY UNINFING HOME VISIT   2.00   14.25+   15 16 INITIAL BRIEF HOSPITAL VISIT   2.00   41.50+   16 16 INITIAL BRIEF HOSPITAL VISIT   2.00   41.50+   16 17 INITIAL BRIEF HOSPITAL VISIT   2.00   41.50+   16 18 RIFEF FY UNINFING HOME VISIT   2.00   41.50+   16 19 RIFEF FOLLOWIP OFFICE VISIT   2.00   41.50+   16 10 INITIAL BRIEF HOSPITAL VISIT   2.00   41.50+   2.00+				
5 MINIMAL FOLLOWP OFFICE VISIT		16.00		
6 BRIEF FOLLOWUP OFFICE VISIT 10.00 13.30* 7 8 INTERMEDIATE F/U OFFICE VISIT 12.00 13.30* 7 8 INTERMEDIATE F/U OFFICE VISIT 12.00 13.30* 7 8 INTERMEDIATE F/U OFFICE VISIT 12.00 13.30* 9 8 EXTENSED F/U FOLLOWUP FORE VISIT 15 10 11 BRIEF FOLLOWUP FORE VISIT 12.00 15.00 12 12 INTERMEDIATE F/U HOME VISIT 12.00 15.00 12 13 INTERMEDIATE F/U HOME VISIT 10.00 15.00 13 14 EXTENSED CARE FACILITY VISIT 10.00 14.25* 15 15 BRIEF FOLLOWUP FORE VISIT 10.00 14.25* 15 16 INITIAL REFER FOR FITH VISIT 10.00 14.25* 15 17 INITIAL COMP HOSPITAL VISIT 10.00 14.25* 15 18 INITIAL COMP HOSPITAL VISIT 10.00 17.30* 19 10 LIMITED F/U HOSPITAL VISIT 10.00 17.30* 19 10 LIMITED F/U HOSPITAL VISIT 10.00 17.30* 19 10 LIMITED F/U HOSPITAL VISIT 10.00 17.30* 19 11 INTERMED F/U HOSPITAL VISIT 10.00 17.30* 19 12 INTERMED F/U HOSPITAL VISIT 10.00 17.30* 19 12 LIMITED F/U HOSPITAL VISIT 10.00 17.30* 19 12 LIMITED F/U HOSPITAL VISIT 10.00 17.30* 19 13 RIFE FEMERACHY ROW VISIT 10.00 17.30* 19 14 LOOK 10.00* 17.30* 19 15 LIMITED F/U HOSPITAL VISIT 10.00 17.30* 19 16 LIMITED F/U HOSPITAL VISIT 10.00* 17.30* 19 17 LIMITED F/U HOSPITAL VISIT 10.00* 17.30* 19 18 LIMITED F/U HOSPITAL VISIT 10.00* 17.30* 19 19 LIMITED F/U HOSPITAL VISIT 10.00* 17.30* 19 10 LIMITED F/U HOSPITAL VISIT 10.00* 19 10 LIMITED F/U HOSPITAL VISIT				
7 LIMITEO FOLLOWIP OFFICE VISIT 13.30* 22.50 8 9 EXTENDED F/U OFFICE VISIT 13.30* 22.50 8 9 EXTENDED F/U OFFICE VISIT 200 22.50 8 1 SETENDED F/U OFFICE VISIT 200 22.50 10 11 BRIEF FOLLOWIP HOME VISIT 100 12.40 11 12 BRIEF FOLLOWIP HOME VISIT 20.00 12.50 11 13 INTERMED HOSTITE F/U HOME VISIT 20.00 12.50 11 14 EXTENDED CAME FACILITY VISIT 20.00 14.55 15 15 BRIEF F/U NURSING HOME VISIT 20.00 14.55 15 16 INITIAL BRIEF HOSPITAL VISIT 20.00 14.50 16.61 14.25 15.00 17 18 INITIAL COME HOSPITAL VISIT 20.00 22.20 15.00 18.9 15	The state of the s			
9 EXTENDED F/U OFFICE VISIT 10 COMP FOLLOWUP HOME VISIT 11 LIMITED FOLLOWUP HOME VISIT 12 LIMITED FOLLOWUP HOME VISIT 13 LIMITED FOLLOWUP HOME VISIT 14 EXTENDED CASE OF THE PROPERTY OF THE P		12.00	13.30*	
9 EXTENDED F/U OFFICE VISIT 10 COMP FOLLOWUP HOME VISIT 11 LIMITED FOLLOWUP HOME VISIT 12 LIMITED FOLLOWUP HOME VISIT 13 LIMITED FOLLOWUP HOME VISIT 14 EXTENDED CASE OF THE PROPERTY OF THE P		13.30*	22.50	
11 BIRIEF FOLLOWIP HOME VISIT   12.00   12.40+   11.50   12.50   12.50   12.50   13.50   12.50   13.				
11 BIRIEF FOLLOWUP HOME VISIT   12.00   12.40*   11.20*   12.10*	10 COMP FOLLOWUP OFFICE VISIT		29.80*	10
13 INTERMOTATE F/U HOME VISIT   20.00   13   14   EXTENDED CARE FACILITY VISIT   10.00   14   25   15   15   16   16   11   11   15   15	11 BRIEF FOLLOWUP HOME VISIT	12.00	12.40*	
14 EXTENDED CARE FACILITY VISIT	12 LIMITEO FOLLOWUP HOME VISIT		15.00	12
15 BRIEF F/U NURSING HOME VISIT   10.00   14.25   15   16   11   11   11   11   12   15   16   17   11   11   11   12   15   16   17   11   11   11   11   11   11	13 INTERMOIATE F/U HOME VISIT	20.00	25.00	13
16 INITIAL BRIEF HOSPITAL VISIT   16   17   17   17   17   17   17   17			15.00	14
17 INIT INTERMED HOSPITAL VISIT   10.00   13.30*   18   18 INITIAL COMP HOSPITAL VISIT   10.00   13.30*   19   19 BRIEF FOLLOWIP HOSPITAL VISIT   24.90*   24.90*   20   21 INTERMED F/U HOSPITAL VISIT   24.90*   24.90*   21   22 EXTENDED F/U HOSPITAL VISIT   33.20   22   23 BRIEF EMERGENCY ROOM VISIT   10.00*   23   24 LIMITED EMERGENCY ROOM VISIT   27.50*   25   25 INITERMED EMERGENCY ROOM VISIT   27.50*   25   25 INITERMED EMERGENCY ROOM VISIT   40.00   26   27 EXTENSIVE CONSULTATION   41.50*   27   27 EXTENSIVE CONSULTATION   40.00   26   27 EXTENSIVE CONSULTATION   40.00   26   28 ELIMITED CONSULTATION   40.00   27   29 PSYMOTHERAPY-HALF HOUR   40.00   29   20 PSYMOTHERAPY-HALF HOUR   40.00   31   21 INITIAL PHYSIOTHERAPY   40.00   31   22 INITIAL PHYSIOTHERAPY   40.00   32   33 F/U PODIATRIC OFFICE VISIT   9.60   25.00   34   34 ELECTROCARDIOGRAM (EKG)   25.00   25.00   34   35 EKG-ITMERRETE IN OR PEPORT ONLY   41.00   35   36 SENG-INTERRETE IN OR PEPORT ONLY   41.00   35   36 SENG-INTERRETE IN OR PEPORT ONLY   40   40 OBERIODMETRY   30.00   37   37 ELECTROCARDIOGRAM (EKG)   25.00   37   38 CHEMOTHERAPY   31.70   38   39 COLLECTION OF SPECIMENS   40.00   37   30 COLLECTION OF SPECIMENS   40.00   41   40 OBERIODMETRY   40.00   41   41 SKIN BIOPSY   40.00   41   42 CHEMOGAUTERY   40.00   41   43 RADICAL MASTECTOMY   40   44 OPEN RECUELTSIS MAJOR JOINT   40.00   40   45 CHEMOGRAM STEET ONLY EXPANSIS   41   46 ROPEN RECUELTSIS MAJOR JOINT   48   47 TOTAL ARTIFICIAL HIP REPLACE   48   48 BRONCHOSCOPY   48   49 BRONCHOSCOPY   49   40 CHEMOGRAMESTIS   49   41 AND CATHERITY STATES   49   42 CHEMOGRAMESTIS   49   43 ADDICAL MASTECTOMY   49   45 CHEMOGRAMESTIS   49   46 CEDERARE STATES   49   47 TOTAL ARTIFICIAL HIP REPLACE   48   48 BRONCHOSCOPY   49   49 BRONCHOSCOPY   49   40 CHEMOGRAMESTIS   49   41 AND CATHER STATES   49   42 CHEMOGRAMESTIS   49   43 ADDICAL MASTECTOMY   49   44 OPEN RECUELTING STATES   49   45 CHEMOGRAMESTIS   49   46 CEDERAL STATES   49   47 TOTAL ARTIFICIAL HIP REPLACE   49   48 RECUEL CHEM	15 BRIEF F/U NURSING HOME VISIT	10.00	14.25	15
18 INITIAL COMP HOSPITAL VISIT   10.00   13.30*   19   19   19   19   19   19   19   1	16 INITIAL BRIEF HOSPITAL VISIT	20.00	41.50*	16
99 BRIEF FOLLOWIP HOSPITAL VISIT   10.00   13.30*   19   20   LIMITED F/U HOSPITAL VISIT   20   21   INTERMED F/U HOSPITAL VISIT   24.90*   21   22   EXTENDED F/U HOSPITAL VISIT   33.20   22   23 BRIEF EMERGENCY ROOM VISIT   16.60*   23   24   LIMITED EMERGENCY ROOM VISIT   16.60*   24   25   INTERMED EMERGENCY ROOM VISIT   25.00   40.00   26   27   EXTENSIVE CONSULTATION   25.00   41.50*   27   27   27   27   27   27   27   2	17 INIT INTERMED HOSPITAL VISIT			17
20 LMITEO F/U HOSPITAL VISIT 24.90* 21.90* 21.10	18 INITIAL COMP HOSPITAL VISIT		37.50	18
20 LMITEO F/U HOSPITAL VISIT 24.90* 21.90* 21.10	19 BRIEF FOLLOWUP HOSPITAL VISIT	10.00	13.30*	19
11 INTERMEO F/U HOSPITAL VISIT   24.90*   21   22 EXTENDEO F/U HOSPITAL VISIT   33.20   22   23 BRIEF EMERGENCY ROOM VISIT   10.00*   23   24 LIMITED EMERGENCY ROOM VISIT   10.00*   23   25 INTERMEO EMERGENCY ROOM VISIT   27.50*   25   25 INTERMEO EMERGENCY ROOM VISIT   27.50*   25   26 LIMITED CONSULTATION   25.00   40.00   26   27 EXTENSIVE CONSULTATION   60.00   28   28 COMPREHENSIVE CONSULTATION   60.00   28   29 PSYCHOTHERAPY*-DNE HOUR   45.00   29   20 PSYCHOTHERAPY*-DNE HOUR   45.00   29   20 PSYCHOTHERAPY*-DNE HOUR   12.00   31   21 INITIAL PHYSIOTHERAPY   12.00   31   21 INITIAL PHYSIOTHERAPY   33.0*   35   35 FUP POOLTHERAPY AND REPORT ONLY   14.00   32   37 FUP POOLTHERAPY*-DNE HOUR   14.00   35   38 ELECTROCARGIGRAM (EEG)   25.00   25.00   34   38 ELECTROCARGIGRAM (EEG)   25.00   36   39 CHEMOTHERAPY   31.70   38   39 COLLECTION OF SPECIMENS   20.00   37   39 COLLECTION OF SPECIMENS   20.00   37   39 COLLECTION OF SPECIMENS   27.70*   42   40 CERRIDEMENT OF NAILS   40   41 SKIN BIOPSY   27.70*   42   42 CHEMOCAUTERY   40   43 RAOICAL MASTECTOMY   40   44 OPEN REPOUCTION OF FRACTURE   41   45 ARTHROCENTESIS-MAJOR JOINT   46   46 CORONARY ARTERY BYPASS   137.90   46   47 TOTAL ARTIFICIAL HIP REPLACE   47   48 RECOLE PUNCTURE OF BURSA   49   49 BRONCHOSCOPY   41   40 PERCENTERISIS   43   40 PER				
22 EXTENDED F/U HOSPITAL VISIT 23 BRIEFE EMERGENCY ROOM VISIT 41 LIMITED EMERGENCY ROOM VISIT 51 NITERMED EMERGENCY ROOM VISIT 52 SINTERMED EMERGENCY ROOM VISIT 52 SINTERMED EMERGENCY ROOM VISIT 52 SINTERMED EMERGENCY ROOM VISIT 53 NITERMED EMERGENCY ROOM VISIT 54 LIMITED CONSULTATION 55 LIMITED CONSULTATION 56 COMPREHENSIVE CONSULTATION 57 EXTENSIVE CONSULTATION 58 COMPREHENSIVE CONSULTATION 59 PSYCHOTHERAPY-NOW HOUR 59 PSYCHOTHERAPY-NOW HOUR 50 PSYCHOTHERAPY-NOW HOUR 50 PSYCHOTHERAPY-NOW HOUR 50 PSYCHOTHERAPY-NOW HOUR 51 CHIRDRACTIC OFFICE VISIT 52 PSYCHOTHERAPY-HALF HOUR 53 FUNDITIAL PHYSIOTHERAPY 59 FOR THE PREME STATE	21 INTERMED F/U HOSPITAL VISIT	24.90*	24.90*	21
24 LIMITEO EMERGENCY ROOM VISIT			33.20	22
24 LIMITEO EMERGENCY ROOM VISIT	23 BRIEF EMERGENCY ROOM VISIT		10.00*	23
26 LIMITEO CONSULTATION 25.00 40.00 26 27 EXTENSIVE CONSULTATION 41.50* 27.7 28 COMPREHENSIVE CONSULTATION 60.00 28 29 PSYCHOTHERAPY-ONE HOUR 45.00 29 30 PSYCHOTHERAPY-HALF HOUR 45.00 29 31 CHROPRACTIC OFFICE VISIT 9.60 12.00 31 31 CHROPRACTIC OFFICE VISIT 9.60 12.00 31 32 INITIAL PHYSIOTHERAPY 10.00 32 33 F/U PODIATRIC OFFICE VISIT 10.00 32 34 ELECTROCAROIDRAM (EKG) 25.00 35 45 EKG-INTERPRET AND REPORT ONLY 14.00 35 55 SPIROMETRY 33.50* 36 57 ELECTROCAROIDRAM (EKG) 20.00 37 37 ELECTROENCEPHALOGRAM (EEG) 31.70 38 39 COLLECTION OF SPECIMENS 30.00 39 40 OBERIOEMENT OF NAILS 12.40* 40 41 SKIN BIOPSY 25.00 41 41 SKIN BIOPSY 25.00 41 42 CHEMOCAUTERY 40 40 44 SKIN BIOPSY 40 40 45 ATHROCENTESIS-MAUOR JOINT 16.00 18.00 45 46 CORONARY ARTERY BYPASS 2137.90 46 46 CORONARY ARTERY BYPASS 2137.90 46 47 TOTAL ARTIFICIAL HIP REPLACE 48 48 REPOLACIONARY ARTERY BURSA 49 59 THORACENTESIS				
26 LIMITEO CONSULTATION 25.00 40.00 26 27 EXTENSIVE CONSULTATION 41.50* 27.7 28 COMPREHENSIVE CONSULTATION 60.00 28 29 PSYCHOTHERAPY-ONE HOUR 45.00 29 30 PSYCHOTHERAPY-HALF HOUR 45.00 29 31 CHROPRACTIC OFFICE VISIT 9.60 12.00 31 31 CHROPRACTIC OFFICE VISIT 9.60 12.00 31 32 INITIAL PHYSIOTHERAPY 10.00 32 33 F/U PODIATRIC OFFICE VISIT 10.00 32 34 ELECTROCAROIDRAM (EKG) 25.00 35 45 EKG-INTERPRET AND REPORT ONLY 14.00 35 55 SPIROMETRY 33.50* 36 57 ELECTROCAROIDRAM (EKG) 20.00 37 37 ELECTROENCEPHALOGRAM (EEG) 31.70 38 39 COLLECTION OF SPECIMENS 30.00 39 40 OBERIOEMENT OF NAILS 12.40* 40 41 SKIN BIOPSY 25.00 41 41 SKIN BIOPSY 25.00 41 42 CHEMOCAUTERY 40 40 44 SKIN BIOPSY 40 40 45 ATHROCENTESIS-MAUOR JOINT 16.00 18.00 45 46 CORONARY ARTERY BYPASS 2137.90 46 46 CORONARY ARTERY BYPASS 2137.90 46 47 TOTAL ARTIFICIAL HIP REPLACE 48 48 REPOLACIONARY ARTERY BURSA 49 59 THORACENTESIS				
28 COMPRÉHENSIVE CONSULTATION 29 PSYCHOTHERAPY-ONE HOUR 30 PSYCHOTHERAPY-ONE HOUR 31 CHIROPRACTIC OFFICE VISIT 30 PSYCHOTHERAPY-HALF HOUR 31 CHIROPRACTIC OFFICE VISIT 32 INITIAL PHYSIOTHERAPY 32 INITIAL PHYSIOTHERAPY 33 F/U PODIATRIC OFFICE VISIT 34 ELECTROCARDIORAM (EKG) 35 EKG-INTERPRET AND REPORT ONLY 36 SPIROMETRY 37 ELECTROCROCHEMALOGRAM (EEG) 38 CHEMOTHERAPY 38 CHEMOTHERAPY 39 COLLECTION OF SPECIMENS 40 OBBRIDGMENT OF NAILS 41 SKIN BIDPSY 42 CHEMOCAUTERY 43 RADICAL MASTECTOMY 44 OPEN REDUCTION OF FRACTURE 45 ARTHROCENTESIS-MAJOR JOINT 46 CORDANAY ARTERY BYPASS 47 TOTAL ARTIFICIAL HIP REPLACE 48 RECOLLE PUNCTURE OF BURSA 49 BRONCHOSCOPY 40 SHORMER 51 CATHERIZATION OF PACEMAKER 52 INSERTION OF PACEMAKER 53 PARTIAL COLLECTOMY 40 OP PACEMAKER 51 INSERTION OF PACEMAKER 52 INSERTION OF PACEMAKER 53 PARTIAL COLLECTOMY 46 CORDANY ARTERY BYPASS 51 CATHERIZATION OF PACEMAKER 53 PARTIAL COLLECTOMY 54 APPENDECTOMY 55 INSERTION OF PACEMAKER 56 APPENDECTOMY 57 OO.OO 58 SPENDER OF THE PREDUCTOR OF PACEMAKER 58 PARTIAL COLLECTOMY 59 COLLECTOMY 59 COLLECTOR OF PACEMAKER 59 PARTIAL COLLECTOMY 50 THORACENTESIS 50 PARTIAL COLLECTOMY 50 THORACENTESIS 51 CATHERIZATION OF PACEMAKER 53 PARTIAL COLLECTOMY 56 APPENDECTOMY 57 OO.OO 58 SPENDECTOMY 58 SPENDECTOMY 59 SPENDECTOMY 50 SP		25.00		
28 COMPREHENSIVE CONSULTATION 29 PSYCHOTHERAPY-ONE HOUR 30 PSYCHOTHERAPY-HALF HOUR 31 CHIROPRACTIC OFFICE VISIT 30 PSYCHOTHERAPY-HALF HOUR 31 CHIROPRACTIC OFFICE VISIT 31 CHIROPRACTIC OFFICE VISIT 32 INITIAL PHYSIOTHERAPY 33 F/U PODIATRIC OFFICE VISIT 34 ELECTROCARDIORAM (EKG) 35 EKG-INTERPRET AND REPORT ONLY 36 SPIROMETRY 37 ELECTROCARDIORAM (EEG) 37 ELECTROENCEPHALOGRAM (EEG) 38 CHEMOTHERAPY 39 COLLECTION OF SPECIMENS 40 OBBRIDEMENT OF NAILS 41 SKIN BIOPSY 42 CHEMOCAUTERY 43 RADICAL MASTECTOMY 44 OPEN REDUCTION OF FRACTURE 45 ARTHROCENTESIS-MAJOR JOINT 46 CORDANAY ARTERY BYPASS 47 TOTAL ARTIFICIAL HIP REPLACE 48 BRONCHOSCOPY 48 NEEDLE PUNCTURE OF BURSA 49 BRONCHOSCOPY 40 SARTHAL COLLECTOMY 40 BRONCHOSCOPY 40 SARTHAL COLLECTOMY 40 SARTHAL COLLECTOMY 40 SARTHAL COLLECTOMY 41 SKIN BIOPSY 42 SARTHAL COLLECTOMY 43 REPLACE 44 SPENDAGE SURVEY 45 ARTHROCENTESIS-MAJOR JOINT 46 CORDANAY ARTERY BYPASS 47 TOTAL ARTIFICIAL HIP REPLACE 48 REPLACE 49 BRONCHOSCOPY 40 SARTHAL COLLECTOMY 40 SARTHAL COLLECTOMY 41 SKIN BIOPSY 42 SARTHAL COLLECTOMY 43 REPLACE 44 SPENDAGE SURVEY 45 SARTHAL COLLECTOMY 46 SECONDARY ARTERY BYPASS 47 TOTAL ARTIFICIAL HIP REPLACE 48 REPLACE 49 SARTHAL COLLECTOMY 49 SHONCHOSCOPY 40 SARTHAL COLLECTOMY 40 SARTHAL COLLECTOMY 41 SKIN BIOPSY 42 SARTHAL COLLECTOMY 43 SARTHAL COLLECTOMY 44 SARTHAL COLLECTOMY 45 APPENDECTOMY 46 SARTHAL COLLECTOMY 47 OO.OO 53 SARTHAL COLLECTOMY 56 APPENDECTOMY 57 SARTHAL COLLECTOMY 58 SARTHAL COLLECTOMY 58 SARTHAL COLLECTOMY 59 SARTHAL COLLECTOMY 59 SARTHAL COLLECTOMY 50 SARTHAL COLLECTOMY 50 SARTHAL COLLECTOMY 50 SARTHAL COLLECTOMY 50 SARTHAL COLLECTOMY 57 SARTHAL COLLECTOMY 58 SARTHAL COLLECTOMY 59 SARTHAL COLLECTOMY 59 SARTHAL COLLECTOMY 59 SARTHAL COLLECTOMY 59 SARTHAL COLLECTOMY 50 SARTHAL COL				
29 PSYCHOTHERAPY-ONE HOUR       45.00       29         30 PSYCHOTHERAPY-HALF HOUR       24.90*       30         31 CHIROPRACTIC OFFICE VISIT       9.60       12.00       31         32 INITIAL PHYSIOTHERAPY       12.00       32         33 F/U POOLATRIC OFFICE VISIT       13.00*       33         34 ELECTROCARDIOGRAM (EKG)       25.00       25.00       34         35 EKG-INTERPRET AND REPORT ONLY       14.00       35         36 SPIROMETRY       33.50*       36         37 ELECTROCACEPHALOGRAM (EEG)       20.00       37         38 CHEMOTHERAPY       31.70       38         39 COLLECTION OF SPECIMENS       3.00       39         30 COLLECTION OF SPECIMENS       3.00       39         30 COLLECTION OF SPECIMENS       3.00       39         30 COLLECTION OF SPECIMENS       3.00       39         40 COERDICAMENT       40       40         41 SKIN BIOPSY       25.00       41         42 CHEMOCAUTERY       25.00       41         43 ADICAL MASTECTOMY       686.40       43         45 ARTHROCENTESIS-MAJOR JOINT       16.00       18.00       45         45 ARTHROCENTESIS-MAJOR JOINT       16.00       18.00       45				
30 PSYCHOTHERAPY-HALF HOUR   24,90*   30   31   31   CHIROPRACTIC OFFICE VISIT   9.60   12.00   31   31   31   CHIROPRACTIC OFFICE VISIT   9.60   12.00   32   31   32   31   32   31   32   32				
31 CHIRDPRACTIC OFFICE VISIT   9.60   12.00   31   31   32.00   32   32   32   INITIAL PHYSIOTHERAPY   12.00   32   33   5/U PODIATRIC OFFICE VISIT   13.30   33   33   34   35.00   35   36   37   38   39   35   36   37   38   39   39   35   36   37   38   39   39   39   39   39   39   39				
32 INITIAL PHYSIOTHERAPY   12.00   32   33   33   34   35   37   40   36   37   38   38   38   39   39   38   39   39		9.60		
33   F/U PODIATRIC OFFICE VISIT   13.30*   33   33   34   35   36   36   36   36   36   36   36				
34 ELECTROCARDIOGRAM (EKG)       25.00       34         35 EKG-INTERPRET AND REPORT ONLY       14.00       35         36 SPIROMETRY       33.50*       36         37 ELECTROENCEPHALOGRAM (EEG)       20.00       37         38 CHEMOTHERAPY       31.70       38         39 COLLECTION OF SPECIMENS       3.00       39         40 DEBRIDEMENT OF NAILS       12.40*       40         41 SKIN BIOPSY       25.00       41         42 CHEMOCAUTERY       25.00       41         43 RADICAL MASTECTOMY       686.40       42         44 OPEN REDUCTION OF FRACTURE       44       45         45 ARTHROCENTESIS-MAJOR JOINT       16.00       18.00       45         46 CORONARY ARTERY BYPASS       2137.90       46         47 TOTAL ARTIFICIAL HIP REPLACE       124.40*       49         48 NEEOLE PUNCTURE OF BURSA       47         49 BRONCHOSCOPY       43       43.00*       50         51 CATHERIZATION OF HEART       389.10*       51         52 INSERTION OF PACEMAKER       824.40       52         53 PARTIAL COLECTOMY       376.00       53         54 APPENOECTOMY       376.00       353.00       54				
35 EKG-INTERPRET AND REPORT ONLY   14.00   35   36   37   38   37   38   37   38   37   38   37   38   37   38   38		25.00		
33 50* 36 37 ELECTROENCEPHALOGRAM (EEG) 20.00 37 38 CHEMOTHERAPY 30.1,70 38 39 COLLECTION OF SPECIMENS 3.00 39 40 OEBRIDGMENT OF NAILS 12.40* 40 41 SKIN BIOPSY 22.7,70* 42 42 CHEMOCAUTERY 27.70* 42 43 RADICAL MASTECTOMY 686.40 43 44 OPEN REDUCTION OF FRACTURE 44 45 ARTHROCENTESIS-MAJOR JOINT 16.00 18.00 45 46 CORONARY ARTERY BYPASS 2137.90 46 47 TOTAL ARTIFICIAL HIP REPLACE 1326.40* 47 48 NEEOLE PUNCTURE OF BURSA 124.40* 49 49 BRONCHOSCOPY 49 50 THORACENTESIS 5 389.10* 51 51 CATHERIZATION OF HEART 389.10* 51 52 INSERTION OF PACEMAKER 59 53 PARTIAL COLECTOMY 376.00 53 54 APPENDECTOMY 376.00 55				
37   ELECTROENCEPHALOGRAM (EEG)   20.00   37   38   31.70   38   31.70   38   31.70   38   31.70   39   39   39   39   39   39   39   3				
38 CHEMOTHERAPY 39 COLLECTION OF SPECIMENS 3 .00 39 40 OEBRIOEMENT OF NAILS 12.40* 40 12.40* 41 SKIN BIOPSY 25.00 41 42 CHEMOCAUTERY 27.70* 42 43 RADICAL MASTECTOMY 40 OPEN REDUCTION OF FRACTURE 45 ARTHROCENTESIS-MAJOR JOINT 46 CORONARY ARTERY BYPASS 47 TOTAL ARTIFICIAL HIP REPLACE 48 NEEOLE PUNCTURE OF BURSA 49 BRONCHOSCOPY 50 THORACENTESIS 51 CATHERIZATION OF HEART 52 INSERTION OF PACEMAKER 53 PARTIAL COLECTOMY 54 APPENOECTOMY 55 APPENOECTOMY 56 APPENOECTOMY 57 OO.00 58 35 APPENOECTOMY 58 OEBREN OF SPECIMENS 59 AG.00 59 376.00 59 38 31.70				
39 COLLECTION OF SPECIMENS 40 OEBRIOEMENT OF NAILS 41 SKIN BIDPSY 42 CHEMOCAUTERY 43 RADICAL MASTECTOMY 44 OPEN REDUCTION OF FRACTURE 45 ARTHROCENTESIS-MAJOR JOINT 46 CORONARY ARTERY BYPASS 47 TOTAL ARTIFICIAL HIP REPLACE 48 NEEDLE PUNCTURE OF BURSA 49 BRONCHOSCOPY 50 THORACENTESIS 51 CATHERIZATION OF HEART 52 INSERTION OF PACEMAKER 53 PARTIAL COLLECTOMY 54 APPENOECTOMY 55 APPENOECTOMY 56 APPENOECTOMY 57 OOO 0 53 54 APPENOECTOMY 58 OEBRIOA	· · ·			
40 0EBRIOEMENT OF NAILS 41 SKIN BIOPSY 42 CHEMOCAUTERY 43 RADICAL MASTECTOMY 44 OPEN REDUCTION OF FRACTURE 45 ARTHROCENTESIS-MAJOR JOINT 46 CORONARY ARTERY BYPASS 47 TOTAL ARTIFICIAL HIP REPLACE 48 NEEOLE PUNCTURE OF BURSA 49 BRONCHOSCOPY 50 THORACENTESIS 51 CATHERIZATION OF HEART 52 INSERTION OF PACEMAKER 53 PARTIAL COLECTOMY 54 APPENOECTOMY 55 APPENOECTOMY 56 APPENOECTOMY 57 APPENOECTOMY 58 APPENOECTOMY 59 OF STACK OR ST				
A1 SKIN BIOPSY   25.00	•			
42 CHEMOCAUTERY 43 RADICAL MASTECTOMY 44 OPEN REDUCTION OF FRACTURE 45 ARTHROCENTESIS-MAJOR JOINT 46 CORONARY ARTERY BYPASS 47 TOTAL ARTIFICIAL HIP REPLACE 48 NEEOLE PUNCTURE OF BURSA 49 BRONCHOSCOPY 49 TOTAL ARTIFICIAL SIS 40 THORACENTESIS 41 A00* 50 THORACENTESIS 51 CATHERIZATION OF HEART 52 INSERTION OF PACEMAKER 53 PARTIAL COLECTOMY 54 APPENOECTOMY 55 APPENOECTOMY 56 TOO.OO 57 APPENOECTOMY 57 OO.OO 58 APPENOECTOMY 58 ASSOCIATION 58 ASSOCIATION 58 ASSOCIATION 59 ASSOCIATION 50 ASSOCIATION 50 ASSOCIATION 50 ASSOCIATION 50 ASSOCIATION 51 APPENOECTOMY 52 TOO.OO 53 ASSOCIATION 54 APPENOECTOMY 55 ASSOCIATION 56 ASSOCIATION 57 OO.OO 58 ASSOCIATION 58 ASSOCIATION 59 ASSOCIATION 50 ASSOCIATION 51 ASSOCIATION 52 TOO.OO 53 ASSOCIATION 54 APPENOECTOMY 56 ASSOCIATION 57 OO.OO 58 ASSOCIATION 57 OO.OO 58 ASSOCIATION 58 ASSOCIATION 59 ASSOCIATION 50 ASSOCIATION 51 ASSOCIATION 51 ASSOCIATION 52 ASSOCIATION 53 ASSOCIATION 54 APPENOECTOMY 57 OO.OO 58 ASSOCIATION 58 ASSOCIATION 59 ASSOCIATION 50 ASSOCIATION 51 ASSOCIATION 51 ASSOCIATION 51 ASSOCIATION 52 ASSOCIATION 53 ASSOCIATION 54 APPENOECTOMY 57 ASSOCIATION 58 ASSOCIATION 59 ASSOCIATION 50 ASSOCIATION 51 ASSOCIATION 52 ASSOCIATION 53 ASSOCIATION 54 ASSOCIATION 54 ASSOCIATION 55 ASSOCIATION 55 ASSOCIATION 55 ASSOCIATION 56 ASSOCIATION 56 ASSOCIATION 57 ASSOCIATION 57 ASSOCIATION 57 ASSOCIATION 57 ASSOCIATION 58 ASSOCIATION 58 ASSOCIATION 58				
43 RADICAL MASTECTOMY 44 OPEN REDUCTION OF FRACTURE 45 ARTHROCENTESIS-MAJOR JOINT 16.00 18.00 45 46 CORONARY ARTERY BYPASS 2137.90 46 47 TOTAL ARTIFICIAL HIP REPLACE 1326.40* 47 48 NEEOLE PUNCTURE OF BURSA 48 49 BRONCHOSCOPY 124.40* 49 50 THORACENTESIS 43.00* 50 51 CATHERIZATION OF HEART 389.10* 51 52 INSERTION OF PACEMAKER 824.40 52 53 PARTIAL COLECTOMY 376.00 353.00 54			·	
44 OPEN REDUCTION OF FRACTURE 45 ARTHROCENTESIS-MAJOR JOINT 16.00 18.00 45 46 CORONARY ARTERY BYPASS 2137.90 46 47 TOTAL ARTIFICIAL HIP REPLACE 1326.40* 47 48 NEEOLE PUNCTURE OF BURSA 48 49 BRONCHOSCOPY 124.40* 49 50 THORACENTESIS 143.00* 50 51 CATHERIZATION OF HEART 389.10* 51 52 INSERTION OF PACEMAKER 824.40 52 53 PARTIAL COLECTOMY 376.00 353.00 54				
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46 CORONARY ARTERY BYPASS 47 TOTAL ARTIFICIAL HIP REPLACE 48 NEEOLE PUNCTURE OF BURSA 49 BRONCHOSCOPY 50 THORACENTESIS 51 CATHERIZATION OF HEART 52 INSERTION OF PACEMAKER 53 PARTIAL COLECTOMY 54 APPENOECTOMY 55 APPENOECTOMY 56 CORONARY ARTERY BYPASS 56 1326.40* 57 1326.40* 58 2137.90 46 46 47 1326.40* 48 47 47 48 NEEOLE PUNCTURE OF BURSA 48 48 48 48 48 49 49 BRONCHOSCOPY 50 THORACENTESIS 51 CATHERIZATION OF HEART 52 INSERTION OF PACEMAKER 53 PARTIAL COLECTOMY 56 APPENOECTOMY 57 376.00 58 376.00		16.00	18.00	
47 TOTAL ARTIFICIAL HIP REPLACE 48 NEEOLE PUNCTURE OF BURSA 49 BRONCHOSCOPY 50 THORACENTESIS 51 CATHERIZATION OF HEART 52 INSERTION OF PACEMAKER 53 PARTIAL COLECTOMY 54 APPENOECTOMY 57 OO.OO 58 OO.OO 59 OO.OO 50 OO.OO 5				
48 NEEOLE PUNCTURE OF BURSA 49 BRONCHOSCOPY 50 THORACENTESIS 51 CATHERIZATION OF HEART 52 INSERTION OF PACEMAKER 53 PARTIAL COLECTOMY 54 APPENOECTOMY 57 APPENOECTOMY 58 APPENOECTOMY 59 ARTIAL COLECTOMY 59 ARTIAL COLECTOMY 50 APPENOECTOMY 50 APPENOECTOMY 51 APPENOECTOMY 52 APPENOECTOMY 53 APPENOECTOMY 54 APPENOECTOMY 55 APPENOECTOMY 56 APPENOECTOMY 57 APPENOECTOMY 58 APPENOECTOMY 59 APPENOECTOMY 50 APPENOECTOMY 50 APPENOECTOMY 50 APPENOECTOMY 51 APPENOECTOMY 52 APPENOECTOMY 53 APPENOECTOMY 54 APPENOECTOMY 55 APPENOECTOMY 56 APPENOECTOMY 57 APPENOECTOMY 58 APPENOECTOMY 59 APPENOECTOMY 59 APPENOECTOMY 50 APPENOECTOMY 51 APPENOECTOMY 51 APPENOECTOMY 52 APPENOECTOMY 53 APPENOECTOMY 54 APPENOECTOMY 55 APPENOECTOMY 56 APPENOECTOMY 57 APPENOECTOMY 57 APPENOECTOMY 58 APPENOECTOMY 59 APPENOECTOMY 59 APPENOECTOMY 50 APPENOECTOMY 50 APPENOECTOMY 50 APPENOECTOMY 50 APPENOECTOMY 50 APPENOECTOMY 50 APPENOECTOMY 51 APPENOECTOMY 51 APPENOECTOMY 51 APPENOECTOMY 52 APPENOECTOMY 53 APPENOECTOMY 54 APPENOECTOMY 56 APPENOECTOMY 57 APPENOECTOMY 57 APPENOECTOMY 58 APPENOECTOMY 59 APPENOECTOMY 59 APPENOECTOMY 50 APPENOECTOMY 51 APPENOECTOMY				
49 BRONCHOSCOPY 50 THORACENTESIS 51 CATHERIZATION OF HEART 52 INSERTION OF PACEMAKER 53 PARTIAL COLECTOMY 54 APPENOECTOMY 570.00 580.00 590.00				
50 THORACENTESIS       43.00*       50         51 CATHERIZATION OF HEART       389.10*       51         52 INSERTION OF PACEMAKER       824.40       52         53 PARTIAL COLECTOMY       700.00       53         54 APPENDECTOMY       376.00       353.00       54			124.40*	
51 CATHERIZATION OF HEART       389.10*       51         52 INSERTION OF PACEMAKER       824.40       52         53 PARTIAL COLECTOMY       700.00       53         54 APPENDECTOMY       376.00       353.00       54				
52 INSERTION OF PACEMAKER       824.40       52         53 PARTIAL COLECTOMY       700.00       53         54 APPENDECTOMY       376.00       353.00       54				
53 PARTIAL COLECTOMY       700.00       53         54 APPENDECTOMY       376.00       353.00       54				
54 APPENOECTOMY 376.00 353.00 54				
		376.00		
	55 SIGMOIOOSCOPY			55

PROCEOURE DESCRIPTION	02	02	
56 HEMORRHOIOECTOMY		199.00*	56
57 CHOLECYSTECTOMY		550.00	57
58 REPAIR HERNIA			58
59 DIAGNOSTIC CYSTOURETHROSCOPY	71.90	49.70*	59
60 OILATION OF URETHRA		20.00	60
61 PROSTATECTOMY - SUPRAPUBIC		795.80*	61
62 ELECTROSECTION-PROSTATE (TUR)	634.50	795.80	62
63 HYSTERECTOMY 64 INITIAL COMPLETE EYE EXAM		700.00	63
65 COMPREHENSIVE EYE EXAM		19.90*	64 65
66 EYE EXAM WITH TONOMETRY			66
67 EXTRACTION OF LENS	634.50	660.00	67
68 CHEST X-RAY - SINGLE VIEW	16.60*	6.00 P	68
69 CHEST X-RAY - TWO VIEWS	24.90*	9.75 P	69
70 X-RAY SPINE		18.00 P	70
71 X-RAY HIP		8.25 P	71
72 X-RAY UPPER GI TRACT	53.60*	26.50*P	72
73 X-RAY COLON		24.90*P	73
74 RADIATION THERAPY-LOW VOLT			74
75 RADIATION THERAPY-SUPER VOLT			75 76
76 RADIATION THERAPY-MEGAVOLT 77 CAT SCAN - HEAD			77
78 CAT SCAN - ABDOMEN			78
79 THREE CHEMISTRY TESTS			79
80 NINETEEN CHEMISTRY TESTS			80
81 CULTURE - OTHER THAN BLOOD		4.75	81
82 HEMOGLOBIN		2.00L	82
83 AUTOMATEO BLOOO COUNT		9.00	83
84 WHITE CELL COUNT		3.00L	84
85 COMPLETE BLOOD COUNT (CBC)		6.00L	85
86 CHOLESTEROL TEST		6.00L	86
87 FLOCCULATION TEST 88 HEMATOCRIT		5.00 3.00L	87 88
89 PLATELET COUNT (REES-ECKER)		5.00	89
90 POTASSIUM TEST - BLOOD		6.00	90
91 PROTHROMBIN TIME TEST		5.00L	91
92 SECIMENTATION RATE		4.00	92
93 BLOOD SUGAR		4.00L	93
94 BUN-UREA - NITROGEN		3.50L	94
95 URIC ACIO		5.00L	95
96 FECES-OCCULT BLOOD-SCREENING		4.00	96
97 PAP TEST		5.00L	97
98 ROUTINE URINALYSIS		3.00L	98 99
99 CHEMICAL URINALYSIS		2.00	100
100 PATHOLOGY - THREE SPECIMENS 101 ELEC MONITORING-PACEMAKER			101
102 OONOR NEPHRECTOMY-UNILATERAL		826.00	102
103 KIONEY TRANSPLANT		1085.60	103
104 HOSPITAL BEO - RENTAL			104
105 WALKER - RENTAL		15.00	105
106 WHEELCHAIR - RENTAL		22.00L	106
107 LIQUIO OXYGEN - RENTAL			107
108 HOSPITAL BEO - PURCHASE			108
109 WALKER - PURCHASE		35.00	109
110 WHEELCHAIR - PURCHASE		234 . OOL	110

VIRGINIA



- 01 Richmond metropolitan area and Charlottesville Herico, Chesterfield, and Albemarle Counties
- 02 Tidewater and Northern Virginia Cunties Loudon, Fauquier, Prince William, James City, York Counties and the Suffolk, Portsmouth, Norfolk, Chesapeake, Virginia City area.
- 03 Small towns and industrial Washington, Henry, Pittsylvania, Halifax, Greensville, Campbell, Bedford, Roanoke, Montgomery, Alleghany, Rockbridge, Augusta, Greene, Rockingham, Page, Madison, Culpeper, Rappahannock, Shenandoah, Warren, Frederick, Clarke, Stafford, and Spotsylvania Counties.
- 04 Extremely rural all other Counties

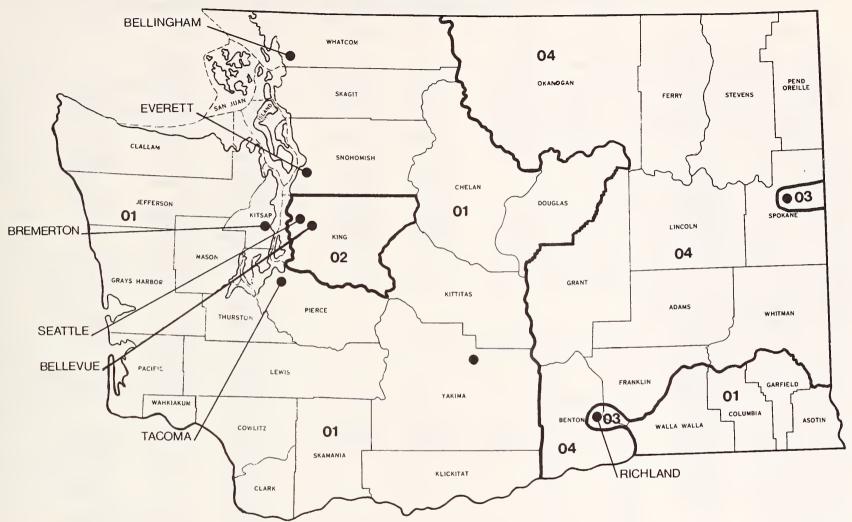
(Note: Alexandria, Arlington, and Fairfax are carried by the Washington D.C. carrier.)

1981 PREVAILING CHARGE SUMMARY	OATA THE TRAVELERS INSURANCE COMPANY LOCALITY DESIGNATION FOR GENERAL PRACTICE					VIRGINIA LOCALITY OESIGNATION FOR SPECIALIST			
PROCEOURE DESCRIPTION	AREA 1	AREA 2	AREA 3	AREA 4	AREA 1	AREA 2	AREA 3	AREA 4	
1 INITIAL BRIEF OFFICE VISIT					15.00*	16.70*	11.60+	11.60*	1
2 INITIAL LIMITEO OFFICE VISIT	16.70*	16.00*	15.00*	15.00*	20.00*	19.90*	16.70*	16.00*	2
3 INITIAL INTERMED OFFICE VISIT									3
4 INITIAL COMP OFFICE VISIT	41.40*	40.00*	33.10*	29.80*	58.00*	58.00*	41.40*	40.00*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	11.60*	11.60*	9.90*	9.90*					5
6 BRIEF FOLLOWUP OFFICE VISIT									6
7 LIMITEO FOLLOWUP OFFICE VISIT									7
8 INTERMEDIATE F/U OFFICE VISIT	25.00*	22.00*	15.00*	15.00*					8
9 EXTENDED F/U OFFICE VISIT									9
10 COMP FOLLOWUP OFFICE VISIT									10
11 BRIEF FOLLOWUP HOME VISIT	16.70*	16.70*	16.00*	16.70*	24.80*	24.80*	16.70*	20.00*	1.1
12 LIMITEO FOLLOWUP HOME VISIT					24.80*	24.80*	24.80*	20.00*	12
13 INTERMOIATE F/U HOME VISIT	33.10*	25.00*	20.00*	30.00*	25.00*	19.90*	19.90*	19.90*	13
14 EXTENDED CARE FACILITY VISIT					15.00*	16.70*	8.20*	12.20*	14
15 BRIEF F/U NURSING HOME VISIT	11.60*	11.60*	9.90*	9.90*	15.00*	16.70*	11.60*	11.60*	15
16 INITIAL BRIEF HOSPITAL VISIT	41.40*	41.40*	33.10*	33.10*	66.30*	58.00*	49.70*	49.70*	16
17 INIT INTERMED HOSPITAL VISIT									17
18 INITIAL COMP HOSPITAL VISIT									18
19 BRIEF FOLLOWUP HOSPITAL VISIT	14.90*	11.60*	9.90*	11.60*	16.70*	16.70*	11.60*	11.60*	19
20 LIMITEO F/U HOSPITAL VISIT	19.90*	16.70*	19.90*	21.60*	24.80*	24.80*	23.25*	24.80*	20
21 INTERMEO F/U HOSPITAL VISIT	24.80*	25.00*	24.80*	20.00*	30.00*	33.10*	28.00*	29.80*	21
22 EXTENDED F/U HOSPITAL VISIT									22
23 BRIEF EMERGENCY ROOM VISIT					16.70*	19.90+	16.70*	11.60*	23
24 LIMITEO EMERGENCY ROOM VISIT					25.00*	24.80*	16.70*	16.70*	24
25 INTERMEO EMERGENCY ROOM VISIT					25.00*	25.00*	25.00*	15.00*	25
26 LIMITEO CONSULTATION	27.40*	41.40*	15.00*	24.80*	40.00*	58.00+	40.00*	35.00*	26
27 EXTENSIVE CONSULTATION					49.70*	50.00*	40.00*	41.40*	27
28 COMPREHENSIVE CONSULTATION					66.30*	74.50+	58.00*	58.00*	28
29 PSYCHOTHERAPY-ONE HOUR					41.40*	49.70*	41.40*	49.70*	29
30 PSYCHOTHERAPY-HALF HOUR					24.80*	24.80*	24.80*	24.80*	30
31 CHIROPRACTIC OFFICE VISIT					12.00*	11.60*	11.60*	11.60*	31
32 INITIAL PHYSIOTHERAPY									32
33 F/U POOLATRIC OFFICE VISIT	04 00+	04.00+	20.00+	20.00.	04.00.	04.00+	22 00+	20.00+	33
34 ELECTROCARDIOGRAM (EKG)	24.80*	24.80+	20.00*	20.00*	24.80*	24.80*	22.00*	20.00*	34
35 EKG-INTERPRET AND REPORT ONLY 36 SPIROMETRY	10.00*	15.00*	10.00*	8.20*	12.40+	15.00+	7.50+	8.30*	35
37 ELECTROENCEPHALOGRAM (EEG)					41.00*	20.10* 49.70*	22.20*	30.50*	36 37
38 CHEMOTHERAPY					60.00*	49.70*	66.30*		38
39 COLLECTION OF SPECIMENS					3.00*	3.00*	3.00*	3.00*	39
40 DEBRIDEMENT OF NAILS					20.00*	20.00*	20.00*	20.00*	40
41 SKIN BIOPSY					33.10*	58.00*	33.10*	40.00*	41
42 CHEMOCAUTERY					33.10	38.00	33.10	40.00+	42
43 RADICAL MASTECTOMY					698.90*	688.20*	713.90*	644.20*	43
44 OPEN REDUCTION OF FRACTURE					681.80*	746.00*	630.00+	572.00*	44
45 ARTHROCENTESIS-MAJOR JOINT	16.70*	15.00*	10.00+	15.00*	16.70*	16.70*	16.70*	16.70*	45
46 CORONARY ARTERY BYPASS	10.70	.0.00	.0.00	.5.00	2212.00*	2441.80+		2267.10*	46
47 TOTAL ARTIFICIAL HIP REPLACE					1715.50*	2111.20+	1752.10*	1581.30*	47
.48 NEEOLE PUNCTURE OF BURSA					16.70+	24.80*	16.70*	16.70*	48
49 BRONCHOSCOPY					165.80+	174.00+	165.80+	134.40*	49
50 THORACENTESIS					41.40*	49.70+	25.00*	41.40*	50
51 CATHERIZATION OF HEART					200.00*	300.00*	300.00*		51
52 INSERTION OF PACEMAKER					829.00*	840.00*	589.50*	829.00*	52
53 PARTIAL COLECTOMY					829.00*	910.00*	746.00*	752.70*	53
54 APPENOECTOMY	288.80*		333.00*	333.00*	373.00*	397.70*	380.00*	348.20*	54
55 SIGMOIOOSCOPY					29.80*	41.40+	28.20*	41.00*	55

	1981 PREVAILING CHARGE SUMMARY	RY DATA THE TRAVELERS INSURANCE COMPANY LOCALITY DESIGNATION FOR GENERAL PRACTICE				VIRGINIA LOCALITY DESIGNATION FOR SPECIALIST				
	PROCEOURE DESCRIPTION	AREA 1	AREA 2	AREA 3	AREA 4	AREA 1	AREA 2	AREA 3	AREA 4	
56	HEMORRHOIOECTOMY					331.60*	331.60*	248.60*	319.20*	56
57	CHOLECYSTECTOMY					621.75*	650.00*	580.20*	515.60*	57
58	REPAIR HERNIA					389.60*	414.40*	343.20*	331.60*	58
59	OIAGNOSTIC CYSTOURETHROSCOPY	55.00*		55.00*	72.40*	49.70*	60.00*	50.00*	58.00*	59
60	DILATION OF URETHRA					16.00*	16.70*	16.70*	16.70*	60
61	PROSTATECTOMY - SUPRAPUBIC					829.00*	746.00*	720.00*	580.20*	61
62	ELECTROSECTION-PROSTATE (TUR)			*00.00	832.40*	795.80*	795.80*	720.00*	514.00*	62
	HYSTERECTOMY					580.20*	720.00*	620.00*	620.00*	63
	INITIAL COMPLETE EYE EXAM									64
	COMPREHENSIVE EYE EXAM					24.80*	23.25*	23.25*	24.80*	65
	EYE EXAM WITH TONOMETRY									66
	EXTRACTION OF LENS	737.20*	40.70		10.70	746.00*	663.20*	663.20*	704.60*	67
	CHEST X-RAY - SINGLE VIEW	19.90*	16.70*	20.00*	16.70*	24.00*	18.00*	16.50*	10.00*	68
	CHEST X-RAY - TWO VIEWS	19.90*	24.00*	29.80*	24.80*	21.50*	22.00*	24.80*	25.00*	69
	X-RAY SPINE					43.80*	49.70*	40.00*	43.80*	70
	X-RAY HIP X-RAY UPPER GI TRACT	64 40+	66 20+	66 30+	E9 00+	25.00*	28.00*	30.00*	28.00*	71
	X-RAY COLON	64.40*	66.30*	66.30*	58.00*	65.00* 56.00*	60.00* 60.00*	62.00* 58.00*	62.00* 60.00*	72 73
	RADIATION THERAPY-LOW VOLT					30.00*	20.00*	19.70*	80.00*	74
	RADIATION THERAPY-SUPER VOLT					40.40*	40.40*	37.00*		75
	RADIATION THERAPY-MEGAVOLT					40.40*	40.40	37.00		76
	CAT SCAN - HEAD									77
	CAT SCAN - ABDOMEN									78
	THREE CHEMISTRY TESTS									79
	NINETEEN CHEMISTRY TESTS					18.00*	23.00*	21.85*	22.00*	80
81	CULTURE - OTHER THAN BLOOD					16.50*	10.00*	12.00*	10.00*	81
	HEMOGLOBIN					4.00*	4.00*	3.00*	4.00*	82
83	AUTOMATED BLOOD COUNT									83
	WHITE CELL COUNT					4.00*	5.00*	4.00*	4.00*	84
85	COMPLETE BLOOD COUNT (CBC)					10.00*	10.00*	9.00*	10.00*	85
86	CHOLESTEROL TEST					7.00*	7.00*	6.00*	7.50*	86
87	FLOCCULATION TEST					5.00*	7.00*	3.00*	7.00*	87
	HEMATOCRIT					5.00*	4.00*	4.00*	4.00*	88
	PLATELET COUNT (REES-ECKER)					7.00*	6.00*	6.00*	8.00*	89
	POTASSIUM TEST - BLOOD					6.00*	6.00*	7.00*	8.00*	90
	PROTHROMBIN TIME TEST					7.00*	6.50*	6.00*	8.00*	91
	SECIMENTATION RATE					6.00*	5.00*	5.00*	6.50*	92
	BLOOD SUGAR					7.00*	7.00*	6.00*	7.00*	93
	BUN-UREA - NITROGEN					7.00* 7.00*	7.00* 7.50*	6.00* 8.00*	7.50* 7.50*	94 95
	URIC ACIO					5.00*	4.00*	4.00*	3.00*	96
	FECES-OCCULT BLOOD-SCREENING					8.00*	9.00*	8.00*	8.00*	97
	PAP TEST ROUTINE URINALYSIS					6.00*	5.00*	5.00*	5.00*	98
	CHEMICAL URINALYSIS					0.00	3.00	3.00	3.00	99
	PATHOLOGY - THREE SPECIMENS					25.00*	25.00*	21.00*	30.00*	100
	ELEC MONITORING-PACEMAKER					25.00*	25.00*	35.10*		101
	OONOR NEPHRECTOMY-UNILATERAL									102
	KIDNEY TRANSPLANT									103
	HOSPITAL BEO - RENTAL									104
	WALKER - RENTAL									105
	WHEELCHAIR - RENTAL									106
	LIQUIO OXYGEN - RENTAL									107
	HOSPITAL BEO - PURCHASE									108
109	WALKER - PURCHASE									109
110	WHEELCHAIR - PURCHASE									110

WASHINGTON

## WASHINGTON



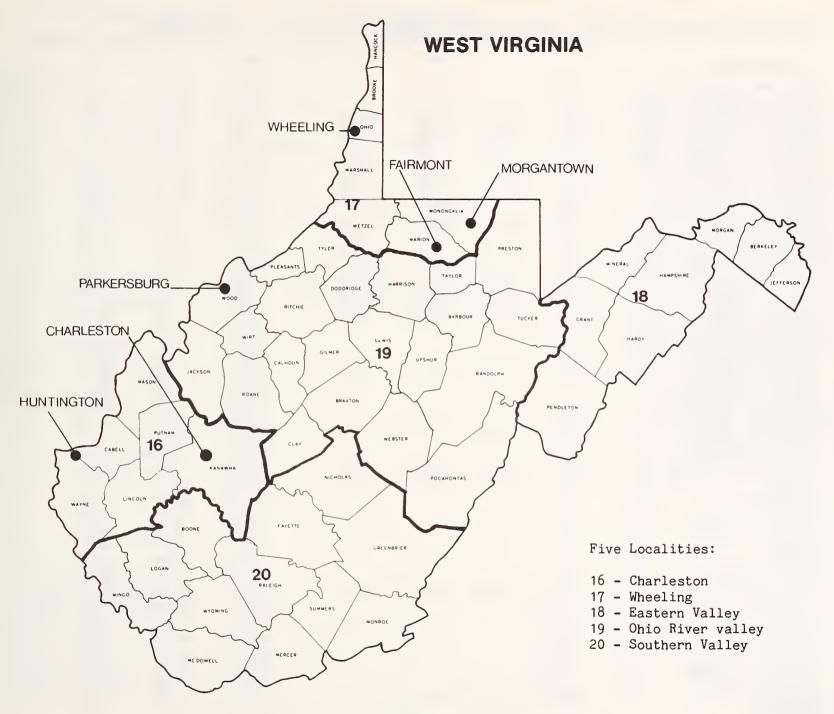
### Four Localities:

- 01 Seattle-Washington Physicians Service, 18 bureaus rest of State
- 02 King County Medical Blue Shield King County
- 03 (MSCEW) Spokane and Richland-Pasco-Kennewick metropolitan areas
- 04 Medical Service Corporation of Western Washington Adams, Benton, Ferry, Franklin, Grant, Lincoln, Okanogan, Bend Orseille, Spokane, Stevens, and Whitman Counties (FOR GENERAL PRACTITIONER ONLY)

	1981 PREVAILING CHARGE SUMMARY		WASHINGTON PH OESIGNATION				HINGTON TY OESIGNAT	ION FOR SPEC	CIALIST	
	PROCEOURE DESCRIPTION	02	04	01	03	02	04	01		
- 1	INITIAL BRIEF OFFICE VISIT					16.70*	16.70*			1
	INITIAL LIMITED OFFICE VISIT	20.80*	16.70*	14.50*	15.80*	28.60*	16.70*	16.70*		2
	INITIAL INTERMED OFFICE VISIT	20.00				41.40*	32.30*			3
	INITIAL COMP OFFICE VISIT	49.70*	49.70*	37.00*	40.70*	62.20*	58.00*	58.00*		4
	MINIMAL FOLLOWUP OFFICE VISIT	7.50*	8.20*	7.20*	6.50*	8.40*	7.60*	5.60+		5
	BRIEF FOLLOWUP OFFICE VISIT	11.60*	13.10*	11.60*	13.20*	13.10*	14.00*	13.20*		6
	LIMITEO FOLLOWUP OFFICE VISIT	14.60*	17.60*	11.00+	13.20+	17.20*	16.70*	13.20+		7
	INTERMEDIATE F/U OFFICE VISIT	18.10*	20.00*	17.00*	17.00*	20.00*	19.00*	40.00+		
	EXTENDED F/U OFFICE VISIT	29.30*	25.00*	17.00+	17.00*	34.30*	31.00*	18.00*		8 9
	The state of the s		41.40*	20 50+	05 00+			44.20.		
	COMP FOLLOWUP OFFICE VISIT	45.00*	41.40*	38.50*	25.00*	51.50*	41.40*	41.30+		10
	BRIEF FOLLOWUP HOME VISIT	21.50*		21.00*	21.00*	19.50*	04.00	21.10*		11
	LIMITED FOLLOWUP HOME VISIT	00.00.				20.20*	24.80*			12
	INTERMOIATE F/U HOME VISIT	22.80*				24.30*	15.50			13
	EXTENDED CARE FACILITY VISIT	-4		45.00		16.50*	17.50*	19.00*		14
	BRIEF F/U NURSING HOME VISIT	21.00*	16.70*	15.00*	12.90+	21.30*	22.00*	11.00*		15
	INITIAL BRIEF HOSPITAL VISIT	31.50*	40.00*	27.40*	31.50*	41.40*	35.00*	49.00*		16
	INIT INTERMED HOSPITAL VISIT					49.70*	41.40*			17
	INITIAL COMP HOSPITAL VISIT	59.75*	62.10*	59.00*	39.80*	59.75*	58.00*	60.00*		18
	BRIEF FOLLOWUP HOSPITAL VISIT	11.60*	16.70*			14.90*	16.70*			19
20	LIMITEO F/U HOSPITAL VISIT	17.50*	16.70*	11.60*	12.70*	19.90*	16.70*	16.00*		20
21	INTERMEO F/U HOSPITAL VISIT	21.00*	22.00*			29.00*	24.90*			21
22	EXTENDED F/U HOSPITAL VISIT					30.90*		27.50*		22
23	BRIEF EMERGENCY ROOM VISIT					19.90*				23
24	LIMITEO EMERGENCY ROOM VISIT					25.00*	22.30*	24.00*		24
25	INTERMEO EMERGENCY ROOM VISIT					36.10*	33.20*	24.40*		25
26	LIMITED CONSULTATION	33.50*	35.00*	25.00*		40.00*	33.10*	32.00*		26
27	EXTENSIVE CONSULTATION					58.00+	41.40*			27
28	COMPREHENSIVE CONSULTATION					74.50*	58.00*			28
29	PSYCHOTHERAPY-ONE HOUR						49.70*	45.00*		29
	PSYCHOTHERAPY-HALF HOUR					24.90*	24.90*	36.00+		30
	CHIROPRACTIC OFFICE VISIT	16.70*		12.60+	12.90*	14.00+	14.20*	13.20+		31
	INITIAL PHYSIOTHERAPY									32
	F/U POOIATRIC OFFICE VISIT					15.70+	16.70*			33
	ELECTROCAROIOGRAM (EKG)	29.80*	27.00*	27.40*	28.00*	29.80+	27.00+	28.00*		34
	EKG-INTERPRET AND REPORT ONLY	20.00	9.00+P	12.00+P	11.30*P	23.00	9.00+P	12.00+P		35
	SPIROMETRY		3.00 ,	12.00	11.00	34.60*	3.00 1	12.00		36
	ELECTROENCEPHALOGRAM (EEG)					80.00*	70.90*	63.80*		37
	CHEMOTHERAPY					16.70*	8.50*	14.60*		38
	COLLECTION OF SPECIMENS					7.00+	8.30+	6.00*		39
	OEBRIOEMENT OF NAILS					14.90*		0.00+		40
_	SKIN BIOPSY						27 00+	20 00+		41
	CHEMOCAUTERY					31.00*	37.00*	29.80*		
	RADICAL MASTECTOMY					4.70*	24.90*	16.70*		42
						696.50*	893.00+	526.80*		43
	OPEN REDUCTION OF FRACTURE	00.00+	04 00+	04.00	40.00	928.70*	928.70*	00.00.		44
	ARTHROCENTESIS-MAJOR JOINT	20.80*	24.90*	24.90*	19.90*	23.25*	24.90+	22.30*		45
	CORONARY ARTERY BYPASS									46
	TOTAL ARTIFICIAL HIP REPLACE						1658.50+	1700.00*		47
	NEEOLE PUNCTURE OF BURSA						20.00*	22.60*		48
	BRONCHOSCOPY					149.20+	207.40*	165.80*		49
	THORACENTESIS					34.70*	41.40+	35.90*		50
	CATHERIZATION OF HEART					335.00*	400.00+	640.90*		51
	INSERTION OF PACEMAKER					749.25*	602.90*			52
	PARTIAL COLECTOMY					887.30*	995.00+	829.20*		53
	APPENOECTOMY	463.60*	464.40*	349.90*	398.00*	463.60+	456.10+	398.00*		54
55	SIGMOIOOSCOPY					34.00*	35.00*	33.10*		55

	1981 PREVAILING CHARGE SUMMARY		WASHINGTON PH OESIGNATION				HINGTON TY OESIGNAT	ION FOR SPE	CIALIST	
	PROCEOURE DESCRIPTION	02	04	01	03	. 02	04	01		
56	HEMORRHOIOECTOMY					348.20*	331.70*	281.90*		56
57	CHOLECYSTECTOMY					663.40*	696.50*	663.40*		57
58	REPAIR HERNIA					406.30*	414.50*	373.10*		58
59	OIAGNOSTIC CYSTOURETHROSCOPY	61.25*	49.70*		42.00*	60.00*	49.70*	42.00*		59
60	OILATION OF URETHRA					32.00*	24.90*	24.90*		60
61	PROSTATECTOMY - SUPRAPUBIC					928.70*	928.70*	829.20*		61
62	ELECTROSECTION-PROSTATE (TUR)	822.20*				928.70*	928.70*	796.10*		62
63	HYSTERECTOMY					769.50*	854.10*	663.40*		63
64	INITIAL COMPLETE EYE EXAM					32.00*	26.50*			64
	COMPREHENSIVE EYE EXAM					33.60*	40.00*	28.50*		65
	EYE EXAM WITH TONOMETRY					14.90*	13.10*	16.30*		66
	EXTRACTION OF LENS		822.80*				829.20*	746.20*		67
	CHEST X-RAY - SINGLE VIEW	19.80*	22.00*	17.80*	18.00*	16.70*	24.00*	18.90*		68
	CHEST X-RAY - TWO VIEWS	29.60*	29.80*	28.00*	29.80*	30.00*	32.00*	30.50*		69
	X-RAY SPINE					54.70*	54.70*	30.70*		70
	X-RAY HIP	60.60		60.00	F0 00.	38.30*	34.10*	33.10*		71
	X-RAY UPPER GI TRACT	69.60*		60.00*	58.00*	66.40*	74 50+	61.30*		72
	X-RAY COLON	26 80*				63.10* 27.30*	74.50*	53.50* 16.70*		73 74
	RAOIATION THERAPY-LOW VOLT RAOIATION THERAPY-SUPER VOLT	26.80*				44.80*	26.50*	10.70*		75
	RADIATION THERAPY-SUPER VOLT					60.80*	26.80*			76
	CAT SCAN - HEAD					00.80	201.80*	225.00*		77
	CAT SCAN - ABOOMEN						201.00	215.20*		78
	THREE CHEMISTRY TESTS							2.0.20		79
	NINETEEN CHEMISTRY TESTS					15.00*				80
	CULTURE - OTHER THAN BLOOD					10.00*	10.00*	15.40*		81
	HEMOGLOBIN					4.00*	6.00*	4.50*		82
	AUTOMATEO BLOOD COUNT					9.50*	9.50*	11.50*		83
	WHITE CELL COUNT					4.50*	5.00*	4.50*		84
85	COMPLETE BLOOD COUNT (CBC)					10.00*	10.00*	11.00*		85
86	CHOLESTEROL TEST					9.50*	7.50*	11.50*		86
87	FLOCCULATION TEST					5.50*	5.00*	6.00*		87
88	HEMATOCRIT					4.00*	4.50*	4.50*		88
89	PLATELET COUNT (REES-ECKER)					6.75*	7.00*	10.00*		89
	POTASSIUM TEST - BLOOD					8.20*	7.00*	12.00*		90
	PROTHROMBIN TIME TEST					7.50*	7.00*	9.50*		91
	SEOIMENTATION RATE					6.00*	5.90*	6.50*		92
	BLOOD SUGAR					8.20*	7.00*	9.20*		93
	BUN-UREA - NITROGEN					7.25*	8.30*	9.10*		94
	URIC ACID					9.20*	7.50*	11.50*		95
	FECES-OCCULT BLOOD-SCREENING					0 50+	4.00* 9.00*	3.50* 9.00*		96 97
	PAP TEST					8.50* 5.50*	5.50*	6.00*		98
	ROUTINE URINALYSIS CHEMICAL URINALYSIS					5.00*	3.00*	0.00*		99
	PATHOLOGY - THREE SPECIMENS					33.00*	35.00*			100
	ELEC MONITORING-PACEMAKER					13.70*	36.90*			101
	OONOR NEPHRECTOMY-UNILATERAL					10.70	1061.50*			102
	KIONEY TRANSPLANT						, , , , , , ,			103
	HOSPITAL BED - RENTAL					50.50	60.10	49.90	52.60	104
	WALKER - RENTAL					10.50				105
	WHEELCHAIR - RENTAL					24.70	30.50	22.60	24.20	106
	LIQUIO OXYGEN - RENTAL					84.20	84.20	78.30		107
	HOSPITAL BEO - PURCHASE					623.50	627.10	627.10	627.10	108
109	WALKER - PURCHASE									109
110	WHEELCHAIR - PURCHASE					306.00	290.60	344.40	306.00	110

WEST VIRGINIA



	1981 PREVAILING CHARGE SUMMARY		ATIONWIDE MODESIGNATION				T VIRGINIA TY OESIGNA	TION FOR SPI	ECIALIST	
	PROCEDURE DESCRIPTION	16	17	18	19	16	17	18	19	
1	INITIAL BRIEF OFFICE VISIT					13.30*	13.30*	11.60*	13.30+	1
	INITIAL LIMITED OFFICE VISIT	11.60*	9.90*	9.90*	8.30*	13.30*	13.30*	11.60*	13.30*	2
	INITIAL INTERMED OFFICE VISIT					19.90*	24.90*	16.60*	16.60*	3
4	INITIAL COMP OFFICE VISIT	30.00	35.00	49.70*	30.00	66.30*	49.70*	50.00	38.00	4
5	MINIMAL FOLLOWUP OFFICE VISIT	5.00	5.00	5.00	3.00	4.00	5.00*	6.00	6.60*	5
6	BRIEF FOLLOWUP OFFICE VISIT	11.60*	9.90*	9.90*	8.30*	13.30*	13.30*	11.60*	13.30*	6
7	LIMITED FOLLOWUP OFFICE VISIT	11.60*	9.90*	9.90*	8.30*	13.30*	13.30*	11.60*	13.30*	7
8	INTERMEDIATE F/U OFFICE VISIT	11.60*	9.90*	9.90*	8.30*	13.30*	13.30*	11.60*	13.30*	8
9	EXTENDED F/U OFFICE VISIT	18.00	20.00	11.00	15.00	19.90*	24.90*	16.60*	16.60*	9
	COMP FOLLOWUP OFFICE VISIT	30.00	35.00	49.70*	30.00	66.30*	49.70*	50.00	38.00	10
	BRIEF FOLLOWUP HOME VISIT	19.90*	16.60*	15.00	16.60*	16.60*	15.00	19.90*	11.60*	11
12	LIMITEO FOLLOWUP HOME VISIT					16.60*	15.00	19.90*	11.60*	12
	INTERMOIATE F/U HOME VISIT	19.90*	16.60*	15.00-	16.60*	16.60*	15.00	19.90*	11.60*	13
	EXTENDED CARE FACILITY VISIT					12.00	13.30*	16.60*	15.00*	14
	BRIEF F/U NURSING HOME VISIT	11.60*	9.90*	9.90*	8.30*	12.00	11.60*	11.60*	13.30	15
	INITIAL BRIEF HOSPITAL VISIT	25.00	30.80*	33.20*	26.50*	50.00	41.50*	58.00*	36.00	16
	INIT INTERMED HOSPITAL VISIT					66.30*	41.50*	58.00*	49.70*	17
	INITIAL COMP HOSPITAL VISIT	41.50*	41.50*	33.20*	29.80*	66.30*	41.50*	58.00*	49.70*	18
	BRIEF FOLLOWUP HOSPITAL VISIT	11.60*	9.90*	9.90*	9.90*	13.30*	12.40*	15.00	14.90*	19
	LIMITEO F/U HOSPITAL VISIT	11.60*	9.90*	9.90*	9.90*	13.30*	12.40*	15.00	14.90*	20
	INTERMED F/U HOSPITAL VISIT	25.00	30.80*	33.20*	26.50*	50.00	41.50*	58.00*	36.00	21
	EXTENDED F/U HOSPITAL VISIT	20.00				50.00	41.50*	58.00*	36.00	22
	BRIEF EMERGENCY ROOM VISIT					25.00	20.00	20.00	20.00	23
	LIMITED EMERGENCY ROOM VISIT					25.00	20.00	20.00	20.00	24
	INTERMED EMERGENCY ROOM VISIT					25.00	20.00	20.00	20.00	25
	LIMITEO CONSULTATION	40.00	45.00	35.00*	35.00	45.00	41.50*	50.00*	50.00	26
	EXTENSIVE CONSULTATION	.0.00		55.55	55.55	45.00	41.50*	50.00*	50.00	27
	COMPREHENSIVE CONSULTATION					53.00	44.80+	44.80*	63.00*	28
	PSYCHOTHERAPY-ONE HOUR					25.00*	30.00	33.20*	30.00	29
	PSYCHOTHERAPY-HALF HOUR					33.00	30.00	35.00	25.00	30
	CHIROPRACTIC OFFICE VISIT	10.00	11.60*	9.90*	11.60*	10.00	11.60+	11.60*	11.60*	31
	INITIAL PHYSIOTHERAPY	.0.00		3.30		15.00	15.00	15.00	15.00	32
	F/U PODIATRIC OFFICE VISIT					13.30*	11.60*	13.30+	13.30*	33
	ELECTROCARDIOGRAM (EKG)	24.90*	24.90*	24.90*	23.00	24.90*	24.90+	24.90*	16.60*	34
	EKG-INTERPRET AND REPORT ONLY	15.00	10.00*	13.30*	15.00	16.60*	15.00	15.00	15.00	35
	SPIROMETRY	.0.00	.0.00			35.00	35.00	35.00	35.00	36
	ELECTROENCEPHALOGRAM (EEG)					66.30*	66.30*	66.30*	66.30*	37
	CHEMOTHERAPY					16.60*	16.60*	16.60*	16.60*	38
	COLLECTION OF SPECIMENS					2.00	3.00	6.00	6.00	39
	OEBRIDEMENT OF NAILS					16.60*	16.60*	16.60*	16.60*	40
	SKIN BIOPSY					35.00	35.00	40.00	40.00	41
	CHEMOCAUTERY					25.00	25.00	25.00	25.00	42
	RADICAL MASTECTOMY					789.20*	626.70*	800.00	650.00	43
	OPEN REDUCTION OF FRACTURE					746.10*	762.70*	829.00*	688.10*	44
	ARTHROCENTESIS-MAJOR JOINT	24.90*	24.90*	24.90*	24.90*	24.90*	24.90+	24.90*	24.90*	45
	CORONARY ARTERY BYPASS	21.50	24.50	24,50	24.50	3450.00	3380.70*	3450.00	3112.10*	46
	TOTAL ARTIFICIAL HIP REPLACE					1980.00	1980.00	2350.00	2000.00	47
	NEEOLE PUNCTURE OF BURSA					16.60*	16.60*	16.60*	16.60*	48
	BRONCHOSCOPY					165.80*	165.80*	165.80*	112.70*	49
-	THORACENTESIS					20.70*	33.20*	33.20*	33.20*	50
	CATHERIZATION OF HEART					580.30*	580.30+	580.30*	580.30*	51
	INSERTION OF PACEMAKER					900.00	900.00	900.00	900.00	52
	PARTIAL COLECTOMY					829.00+	663.20*	829.00*	750.00	53
	APPENDECTOMY	414.50+	414.50*	414.50+	414.50*	414.50*	414.50+	414.50*	414.50*	54
	SIGMOIOOSCOPY		. 14.00	. 14.00	. 14.50	41.50*	24.90+	41.50*	33.20*	55
						11.50	2		33.20	30

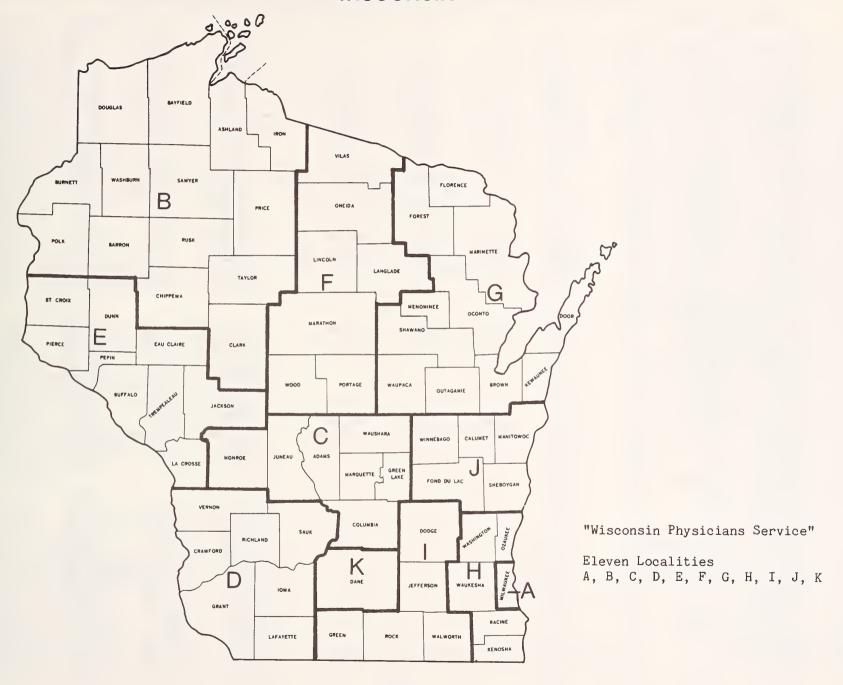
1981 PREVAILING CHARGE SUMMARY		NATIONWIOE M OESIGNATION				ST VIRGINIA	A ATION FOR SPE	ECIALIST	
PROCEOURE DESCRIPTION	16	17	18	19	16	17	18	19	
56 HEMORRHOIOECTOMY					414.50*	414.50*	414.50*	414.50*	56
57 CHOLECYSTECTOMY					621.75*	497.40*	663.20*	563.70*	57
58 REPAIR HERNIA					373.10*	331.60*	414.50*	373.10*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	74.60*	74.60*	74.60*	74.60*	49.70*	58.00*	74.60*	33.20*	59
60 OILATION OF URETHRA					20.00	16.60*	19.90*	16.60*	60
61 PROSTATECTOMY - SUPRAPUBIC					795.80*	795.80*	795.80*	663.20*	61
62 ELECTROSECTION-PROSTATE (TUR)	580.30*	580.30*	580.30*	580.30*	795.80*	795.80*	663.20*	663.20*	62
63 HYSTERECTOMY					746.10*	735.00	746.10*	746.10*	63
64 INITIAL COMPLETE EYE EXAM					30.40	24.00	26.50*	24.00	64
65 COMPREHENSIVE EYE EXAM					30.40	24.00	26.50*	24.00	65
66 EYE EXAM WITH TONOMETRY					22.00	16.60*	22.00	22.00	66
67 EXTRACTION OF LENS	663.20*	663.20*	716.25*	663.20*	663.20*	663.20*	716.25*	663.20*	67
68 CHEST X-RAY - SINGLE VIEW	19.90*	20.00*	20.00*	22.00*	15.00*	21.00*	13.30*	24.90*	68
69 CHEST X-RAY - TWO VIEWS	24.90*	24.90*	24.90*	15.00	24.90*	24.00	16.60*	24.90*	69
70 X-RAY SPINE					33.20*	35.00*	24.90*	24.90*	70
71 X-RAY HIP					29.50	29.50	29.50	24.90*	71
72 X-RAY UPPER GI TRACT	41.50*	41.50*	41.50*	45.00*	41.50*	42.00*	33.20*	53.30	72
73 X-RAY COLON					49.70*	37.30*	33.20*	58.00	73
74 RADIATION THERAPY-LOW VOLT	20.70*	20.70*	20.70*	24.90*	20.70*	20.70*	20.70*	14.90*	74
75 RADIATION THERAPY-SUPER VOLT	20.70*	29.80*	29.80*	44.00	20.70*	29.80*	29.80*	44.00	75
76 RADIATION THERAPY-MEGAVOLT					28.20*	34.80*	34.80*	35.00	76
77 CAT SCAN - HEAD					190.70*	207.25*	212.20*	295.00	77
78 CAT SCAN - ABOOMEN					313.74	313.74	336.42	347.76	78
79 THREE CHEMISTRY TESTS					1.60	1.50	1.00	2.20	79
80 NINETEEN CHEMISTRY TESTS					1.60	1.50	1.00	2.20	80
81 CULTURE - OTHER THAN BLOOD					15.00	15.00	13.00	8.00	81
82 HEMOGLOBIN					3.00L	3.00L	3.00L	3.00L	82
83 AUTOMATEO BLOOD COUNT									83
84 WHITE CELL COUNT					3.00L	3.00L	3.00L	3.00L	84
85 COMPLETE BLOOD COUNT (CBC)					8.00L	8.00L	8.00L	8.00L	85
86 CHOLESTEROL TEST					6.00L	6.00	6.00L	6.00L	86
87 FLOCCULATION TEST					8.00	5.25	6.00	8.00	87
88 HEMATOCRIT					2.75L	2.75L	2.75L	2.75L 7.00	88 89
89 PLATELET COUNT (REES-ECKER)					6.50	6.00	7.50	10.00	90
90 POTASSIUM TEST - BLOOD					8.00 5.15L	7.00 5.15L	9.20 5.15L	5.15L	91
91 PROTHROMBIN TIME TEST 92 SEDIMENTATION RATE					4.50L	4.50L	4.50L	4.50L	92
93 BLOOD SUGAR					5.00L	5.00L	5.00L	5.00L	93
94 BUN-UREA - NITROGEN					5.00L	5.00L	5.00L	5.00L	94
95 URIC ACIO					6.00L	6.00L	6.00L	6.00L	95
96 FECES-OCCULT BLOOD-SCREENING					6.00	4.00	3.00	2.50	96
97 PAP TEST					6.75L	6.75L	6.75L	6.75L	97
98 ROUTINE URINALYSIS					3.00L	3.00L	3.00L	3.00L	98
99 CHEMICAL URINALYSIS					4.00	5.00	4.00	4.00	99
100 PATHOLOGY - THREE SPECIMENS					15.00	25.00	21.50	30.00	100
101 ELEC MONITORING-PACEMAKER									101
102 DONOR NEPHRECTOMY-UNILATERAL					1115.00	1115.00	1115.00	1036.25*	102
103 KIONEY TRANSPLANT					2210.10*	2016.10*	1853.60*	1624.80*	103
104 HOSPITAL BED - RENTAL					42.00L	42.00L	42.00L	42.00L	104
105 WALKER - RENTAL					10.00	10.00	14.63	15.45	105
106 WHEELCHAIR - RENTAL					18.50L	18.50L	18.50L	18.50L	106
107 LIQUIO OXYGEN - RENTAL					60.00	60.00	60.00	60.00	107
108 HOSPITAL BED - PURCHASE					465.40L	465.40L	465.40L	465.40L	108
109 WALKER - PURCHASE					37.08	35.75	41.05	35.80	109
110 WHEELCHAIR - PURCHASE					225.00L	225.00L	225.00L	225.00L	110

PROCEOURE DESCRIPTION	20	20	
1 INITIAL BRIEF OFFICE VISIT		13.30*	1
2 INITIAL LIMITEO OFFICE VISIT	9.90*	13.30*	2
3 INITIAL INTERMED OFFICE VISIT	3.00	18.75	3
4 INITIAL COMP OFFICE VISIT	35.00	49.70*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	5.00	5.00	5
6 BRIEF FOLLOWUP OFFICE VISIT	9.90*	13.30*	6
7 LIMITED FOLLOWUP OFFICE VISIT	9.90*	13.30*	7
8 INTERMEDIATE F/U OFFICE VISIT	9.90*	13.30*	8
9 EXTENDED F/U OFFICE VISIT	16.60*	18.75	9
10 COMP FOLLOWUP OFFICE VISIT	35.00	49.70*	10
11 BRIEF FOLLOWUP HOME VISIT	16.60*	16.60*	11
12 LIMITEO FOLLOWUP HOME VISIT		16.60*	12
13 INTERMOIATE F/U HOME VISIT	16.60*	16.60*	13
14 EXTENDED CARE FACILITY VISIT		11.60*	14
15 BRIEF F/U NURSING HOME VISIT	9.90	13.30*	15
16 INITIAL BRIEF HOSPITAL VISIT	29.80*	33.20*	16
17 INIT INTERMED HOSPITAL VISIT		49.70*	17
18 INITIAL COMP HOSPITAL VISIT	38.10*	49.70*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	11.60*	9.90*	19
20 LIMITEO F/U HOSPITAL VISIT	11.60*	9.90*	20
21 INTERMEO F/U HOSPITAL VISIT	29.80*	33.20*	21
22 EXTENDED F/U HOSPITAL VISIT		33.20*	22
23 BRIEF EMERGENCY ROOM VISIT		19.00	23
24 LIMITED EMERGENCY ROOM VISIT		19.00	24
25 INTERMED EMERGENCY ROOM VISIT		19.00	25
26 LIMITEO CONSULTATION	41.50*	35.00*	26
27 EXTENSIVE CONSULTATION		35.00*	27
28 COMPREHENSIVE CONSULTATION		26.50*	28
29 PSYCHOTHERAPY-ONE HOUR		33.20*	29
30 PSYCHOTHERAPY-HALF HOUR		26.80*	30
31 CHIROPRACTIC OFFICE VISIT	11.60*	11.60*	31
32 INITIAL PHYSIOTHERAPY		15.00	32
33 F/U POOIATRIC OFFICE VISIT		11.60+	33
34 ELECTROCAROIOGRAM (EKG)	19.90*	24.90*	34
35 EKG-INTERPRET AND REPORT ONLY	8.00*	9.00	35
36 SPIROMETRY		35.00	36
37 ELECTROENCEPHALOGRAM (EEG)		66.30*	37
38 CHEMOTHERAPY		16.60*	38
39 COLLECTION OF SPECIMENS		6.00	39
40 DEBRIOEMENT OF NAILS		16.60*	40
41 SKIN BIOPSY		40.00	41
42 CHEMOCAUTERY		25.00	42
43 RADICAL MASTECTOMY		708.00*	43
44 OPEN REDUCTION OF FRACTURE		829.00*	44
45 ARTHROCENTESIS-MAJOR JOINT	24.90*	24.90*	45
46 CORONARY ARTERY BYPASS		3450.00	46
47 TOTAL ARTIFICIAL HIP REPLACE		2350.00	47
48 NEEOLE PUNCTURE OF BURSA		16.60*	48
49 BRONCHOSCOPY		124.40*	49
50 THORACENTESIS		33.20*	50
51 CATHERIZATION OF HEART		580.30*	51
52 INSERTION OF PACEMAKER		900.00	52
53 PARTIAL COLECTOMY		829.00*	53
54 APPENDECTOMY	414.50*	414.50*	54
55 SIGMOIOOSCOPY		33.20*	55

PROCEOURE DESCRIPTION	20	20	
56 HEMORRHOIOECTOMY		414.50*	56
57 CHOLECYSTECTOMY		497.40*	57
58 REPAIR HERNIA		331.60*	58
59 OIAGNOSTIC CYSTOURETHROSCOPY	74.60*	59.70*	59
60 DILATION OF URETHRA		19.90*	60
61 PROSTATECTOMY - SUPRAPUBIC		795.80*	61
62 ELECTROSECTION-PROSTATE (TUR)	580.30*	704.70*	62
63 HYSTERECTOMY		746.10*	63
64 INITIAL COMPLETE EYE EXAM		25.00	64
65 COMPREHENSIVE EYE EXAM		25.00	65
66 EYE EXAM WITH TONOMETRY		20.00	66
67 EXTRACTION OF LENS	663.20*	646.60*	67
68 CHEST X-RAY - SINGLE VIEW	24.90*	19.90*	68
69 CHEST X-RAY - TWO VIEWS	24.90*	24.90*	69
70 X-RAY SPINE		30.00*	70
71 X-RAY HIP		29.50*	71
72 X-RAY UPPER GI TRACT	41.50*	66.30*	72
73 X-RAY COLON		58.00*	73
74 RADIATION THERAPY-LOW VOLT	20.70*	20.70*	74
75 RADIATION THERAPY-SUPER VOLT	29.80*	29.80*	75
76 RADIATION THERAPY-MEGAVOLT		34.80*	76
77 CAT SCAN - HEAO		295.00	77
78 CAT SCAN ~ ABOOMEN		351.54	78
79 THREE CHEMISTRY TESTS		1.60	79
80 NINETEEN CHEMISTRY TESTS		1.60	80
81 CULTURE - OTHER THAN BLOOD		10.00	81
82 HEMOGLOBIN		3.00L	82
83 AUTOMATEO BLOOD COUNT			83
84 WHITE CELL COUNT		3.00L	84
85 COMPLETE BLOOD COUNT (CBC)		8.00L	85
86 CHOLESTEROL TEST		6.00L	86
87 FLOCCULATION TEST		7.00	87
88 HEMATOCRIT		2.75L	88
89 PLATELET COUNT (REES-ECKER)		7.00	89
90 POTASSIUM TEST - BLOOD		10.00	90
91 PROTHROMBIN TIME TEST		5.15L	91
92 SEOIMENTATION RATE		4.50L	92
93 BLOOO SUGAR		5.00L	93
94 BUN-UREA - NITROGEN		5.00L	94
95 URIC ACIO		6.00L	95
96 FECES-OCCULT BLOOD-SCREENING		4.00	96
97 PAP®TEST		6.75L	97
98 ROUTINE URINALYSIS		3.00L	98
99 CHEMICAL URINALYSIS		4.00	99
100 PATHOLOGY - THREE SPECIMENS		20.00	100
101 ELEC MONITORING-PACEMAKER		4445.00	101
102 OONOR NEPHRECTOMY-UNILATERAL		1115.00	102
103 KIONEY TRANSPLANT		1918.30*	103
104 HOSPITAL BEO - RENTAL		42.00L	104
105 WALKER - RENTAL		13.00	105
106 WHEELCHAIR - RENTAL		18.50L	106 107
107 LIQUID OXYGEN - RENTAL		60.00	
108 HOSPITAL BEO - PURCHASE		465.40L 28.00	10 <b>8</b> 109
109 WALKER - PURCHASE		28.00 225.00L	110
110 WHEELCHAIR - PURCHASE		223.00L	110

WISCONSIN

# **WISCONSIN**



1981 PREVAILING CHARGE SUMMAR		ISCONSIN PHOESIGNATION				CONSIN TY DESIGNAT	ION FOR SPI	CIALIST	
PROCEOURE DESCRIPTION	B-12	C-13	0-14	K-15	B-12	C-13	0-14	K-15	
1 INITIAL BRIEF OFFICE VISIT		•			16.60*	16.60*	18.00	21.50	1
2 INITIAL LIMITED DFFICE VISIT	24.90*	20.00	16.00	20.00	29.00*	24.90*	37.50	35.00	2
3 INITIAL INTERMED OFFICE VISIT					29.00*	24.90*	37.50	35.00	3
4 INITIAL COMP OFFICE VISIT	21.40*	17.40*	22.00	22.00	58.30*	47.50*	58.00*	58.00*	4
5 MINIMAL FOLLOWUP DFFICE VISIT	5.00*	6.60*	5.00*	6.00	3.00	5.00*	8.00*	8.30*	5
6 BRIEF FOLLOWUP OFFICE VISIT	9.90*	9.90*	9.90*	9.90*	9.90*	11.60*	11.60*	13.30*	6
7 LIMITED FOLLOWUP OFFICE VISIT	13.30*	13.30*	11.50	14.50	12.00	11.60*	13.30*	16.60*	7
8 INTERMEDIATE F/U OFFICE VISIT	15.75	16.60*	12.00	24.90*	15.75	16.60*	16.00	23.75	8
9 EXTENDED F/U OFFICE VISIT	21.00	24.90*	20.00	25.00	25.00	29.80*	21.50	33.00	9
10 COMP FOLLOWUP OFFICE VISIT	20.00	30.00	25.00	26.00	43.70*	41.90*	39.80*	41.40*	10
11 BRIEF FOLLOWUP HOME VISIT	13.30*	16.60*	15.00	19.90*	19.40*	15.80*	17.90*	23.20*	11
12 LIMITEO FOLLOWUP HOME VISIT					16.60*	24.90*	24.90*	24.90*	12
13 INTERMOIATE F/U HOME VISIT	16.60*	24.90*	24.90*	24.90*	16.60*	24.90*	24.90*	24.90*	13
14 EXTENDED CARE FACILITY VISIT					16.60*	12.40*	9.90*	19.90*	14
15 BRIEF F/U NURSING HOME VISIT	12.00	12.40*	9.90*	11.00	9.90*	12.00	8.30*	19.90*	15
16 INITIAL BRIEF HOSPITAL VISIT	29.80*	24.90*	24.90+	34.80*	29.80*	24.90*	41.40*	58.00*	16
17 INIT INTERMED HOSPITAL VISIT	23.00	2	2		40.00	49.70*	45.00	59.00	17
18 INITIAL COMP HOSPITAL VISIT	60.00	60.00	30.00	56.20*	74.80*	47.50*	55.00	70.00	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	9.90*	9.90*	9.60*	9.90*	9.90*	6.60+	9.90*	13.30*	19
20 LIMITEO F/U HOSPITAL VISIT	14.00	16.60*	12.00	15.00	14.75	13.30*	13.30+	16.60*	20
21 INTERMED F/U HOSPITAL VISIT	14.00	16.60*	12.00	15.00	14.75	13.30*	13.30*	16.60*	21
22 EXTENDED F/U HOSPITAL VISIT	14.00	10.00	12.00	.5.00	24.00	24.50*	31.00	40.00	22
23 BRIEF EMERGENCY ROOM VISIT					24.00	24.50	31.00	40.00	23
24 LIMITEO EMERGENCY ROOM VISIT									24
25 INTERMED EMERGENCY ROOM VISIT									25
26 LIMITEO CONSULTATION	24.90*	29.80*	16.60*	24.90*	24.90*	29.80*	41.40*	28.20*	26
27 EXTENSIVE CONSULTATION	24.50	25.00	10.00	24.50	41.40*	49.70+	58.00*	58.00*	27
28 COMPREHENSIVE CONSULTATION					78.70*	69.60+	58.00*	52.20*	28
29 PSYCHOTHERAPY-ONE HOUR					63.10*	51.40*	58.30*	58.00*	29
30 PSYCHOTHERAPY-HALF HOUR					34.00*	27.70+	31.40+	43.10*	30
31 CHIROPRACTIC OFFICE VISIT					10.00	10.00	10.00	10.00	31
32 INITIAL PHYSIOTHERAPY					20.40*	11.90+	10.80*	22.50*	32
33 F/U POOIATRIC OFFICE VISIT	20.00	20.00	20.00	20.00	15.00	15.00	15.00	15.00	33
34 ELECTROCAROIOGRAM (EKG)	29.00 8.00 P	29.00 7.00 P	29.00 3.00 P	29.00	29.00 5.00 D	29.00	29.00	29.00 6.00 B	34
35 EKG-INTERPRET AND REPORT ONLY	8.00 P	7.00 P	3.00 P	7.00 P	5.00 P	7.00 P	6.50 P	6.00 P	35
36 SPIROMETRY				•	35.00	35.00	35.00	35.00	36
37 ELECTROENCEPHALOGRAM (EEG)					76.00	76.00	76.00	76.00	37
38 CHEMOTHERAPY									38
39 COLLECTION OF SPECIMENS									39
40 OEBRIOEMENT OF NAILS					04.00+	24 00+	24 22+	24 00+	40
41 SKIN BIOPSY					24.90*	24.90*	24.90*	24.90*	41
42 CHEMOCAUTERY					49.70*	55.00	55.00	55.00	42
43 RAOICAL MASTECTOMY					497.40*	809.20*	592.70*	746.10*	43
44 OPEN REDUCTION OF FRACTURE					1036.00	1027.40+	795.80*	928.50*	44
45 ARTHROCENTESIS-MAJOR JOINT					33.60	33.90*	32.70*	33.30*	45
46 CORONARY ARTERY BYPASS					3490.00+	4075 004	2907.20*	2738.80*	46
47 TOTAL ARTIFICIAL HIP REPLACE					1991.90+	1975.30*	1659.30*	1934 . 10*	47
48 NEEOLE PUNCTURE OF BURSA					22.40*	22.60*	21.80*	22.20	48
49 BRONCHOSCOPY					124.30+	250.90*	210.75*	232.10*	49
50 THORACENTESIS					42.00	64.50*	33.30*	40.80*	50
51 CATHERIZATION OF HEART					667.00	661.40*	555.60*	522.25*	51
52 INSERTION OF PACEMAKER					800.00	793.30*	666.40*	800.00	52
53 PARTIAL COLECTOMY	007.00	007.00	207.00	464 00	880.00	927.50*	779.10*	894.30*	53
54 APPENOECTOMY	397.90*	397.90*	397.90*	464.20*	356.50*	533.50*	298.40*	497.40*	54
55 SIGMOIOOSCOPY					31.50	41.40*	33.20*	33.20*	55

1981 PREVAILING CHARGE SUMMARY		VISCONSIN PH OESIGNATION				CONSIN ITY DESIGNA	TION FOR SP	ECIALIST	
PROCEDURE DESCRIPTION	B-12	C-13	D-14	K-15	B-12	C-13	D-14	K-15	
HEMORRHOIDECTOMY					248.70*	248.70*	298.40*	464.20*	56
CHOLECYSTECTOMY					345.10	596.90*	596.90*	688.00	57
REPAIR HERNIA					331.60*	339.50	331.60*	414.50*	58
DIAGNOSTIC CYSTOURETHROSCOPY	41.40*	49.70*	80.80*	53.70*	80.00	79.30*	66.60*	49.70*	59
DILATION OF URETHRA					16.00	16.00	16.00	14.50	60
PROSTATECTOMY - SUPRAPUBIC					663.20*	795.80*	766.40*	795.80*	61
ELECTROSECTION-PROSTATE (TUR)	795.80*	373.00*	749.70*	858.50*	663.20*	795.80*	756.40*	795.80*	62
HYSTERECTOMY					870.00	862.70*	724.70*	812.40*	63
INITIAL COMPLETE EYE EXAM					16.60*	19.00*	21.50*	25.00	64
COMPREHENSIVE EYE EXAM					26.40	28.00	25.10*	26.50*	65
EYE EXAM WITH TONOMETRY					15.00	14.20*	16.10*	18.00	66
EXTRACTION OF LENS	700.00	842.90*	795.80*	858.50*	700.00	746.10*	795.80*	746.10*	67
CHEST X-RAY - SINGLE VIEW	16.60*	19.90*	16.60*	19.90*	19.90*	20.30*	16.60*	16.60*	68
CHEST X-RAY - TWO VIEWS	28.40	28.50	24.00	29.80*	29.80*	29.00*	30.00	30.00	69
X-RAY SPINE					35.30*	35.80*	37.00	40.00	70
X-RAY HIP					38.20*	38.70*	40.00	29.80*	7 1
X-RAY UPPER GI TRACT	58.00*	41.40*	33.20*	49.70*	64.00	64.00	64.00	64.00	72
X-RAY COLON					60.00	60.00	60.00	65.00	73
RADIATION THERAPY-LOW VOLT	26.70*	27.10*	28.00	28.00	26.70*	27.10*	28.00	28.00	74
RADIATION THERAPY-SUPER VOLT	38.20*	38.70*	40.00	40.00	38.20*	38.70*	40.00	40.00	75
RADIATION THERAPY-MEGAVOLT	00.20	00.70	,0.00	,0.00	00.20	00.70	- 70.00	,0.00	76
CAT SCAN - HEAD					189.60	189.60	189.60	189.60	77
CAT SCAN - ABDOMEN					374.90*	380.30*	393.00	393.00	78
THREE CHEMISTRY TESTS					014.50	300.30	030.00	555.00	79
NINETEEN CHEMISTRY TESTS					28.25	28.25	28.25	28.25	80
CULTURE - OTHER THAN BLOOD					12.50	12.50	12.50	12.50	81
HEMOGLOBIN					3.00L	3.00L	3.00L	3.00L	82
AUTOMATEO BLOOD COUNT					15.75	15.75	15.75	15.75	83
WHITE CELL COUNT					3.40L	3.40L	3.40L	3.40L	84
					10.50L	10.50L	10.50L		
COMPLETE BLOOD COUNT (CBC)						6.10L	6.10L	10.50L 6.10L	85
CHOLESTEROL TEST					6.10L				86
FLOCCULATION TEST		•			6.80	6.80	6.80	6.80	87
HEMATOCRIT					3.30L	3.30L	3.30L	3.30L	88
PLATELET COUNT (REES-ECKER)				•	9.30	9.30	9.30	9.30	89
POTASSIUM TEST - BLOOD					8.60	8.60	8.60	8.60	90
PROTHROMBIN TIME TEST					6.00L	6.00L	6.00L	6.00L	91
SEDIMENTATION RATE					5.00L	5.00L	5.00L	5:00L	92
BLOOD SUGAR					6.00L	6.00L	6.00L	6.00L	93
BUN-UREA - NITROGEN					7.00L	7.00L	7.00L	7.00L	94
URIC ACIO					7.00L	7.00L	7.00L	7.00L	95
FECES-OCCULT BLOOD-SCREENING					2.00	2.00	2.00	2.00	96
PAP TEST					6.00L	6.00L	6.00L	6.00L	97
ROUTINE URINALYSIS					4.00L	4.00L	4.00L	4.00L	98
CHEMICAL URINALYSIS					3.00	3.00	3.00	3.00	99
PATHOLOGY - THREE SPECIMENS					25.00	25.00	25.00	25.00	100
ELEC MONITORING-PACEMAKER					8.50*	6.90*	7.80*	4.70*	101
OONOR NEPHRECTOMY-UNILATERAL					1120.00*	1130.00*	1090.00*	1110.00*	102
KIONEY TRANSPLANT					1748.75*	1748.75*	1748.75*	1748.75*	103
HOSPITAL BED - RENTAL					30.00L	30.00L	30.00L	30.00L	104
WALKER - RENTAL					8.00	8.00	8.00	8.00	105
WHEELCHAIR - RENTAL					16.50	16.50L	16.50L	16.50L	106
LIQUIO OXYGEN - RENTAL									107
HOSPITAL BEO - PURCHASE					418.70	418.70L	418.70L	418.70L	108
					40.00	42 00	42 00	42 00	400
WALKER - PURCHASE					43.00 200.00	43.00 200.00L	43.00 200.00L	43.00 200.00L	109

	LOCALITY	OESIGNATION	FOR GENERA	L PRACTICE	LOCAL	ITY DESIGNA	TION FOR SPI	CIALIST	
PROCEDURE DESCRIPTION	E-19	F-36	G-40	H-46	E-19 ·	F-36	G-40	H-46	
1 INITIAL BRIEF OFFICE VISIT					20.00	14.00	25.00	25.00	1
2 INITIAL LIMITED DEFICE VISIT	20.00	20.00	16.00	20.00	41.40*	27.00	30.00	44.00	2
3 INITIAL INTERMED OFFICE VISIT					41.40*	27.00	30.00	44.00	3
4 INITIAL COMP OFFICE VISIT	22.00	20.20*	22.00	22.00	58.00*	49.70*	45.00	58.00*	4
5 MINIMAL FOLLOWUP DFFICE VISIT	5.00*	5.00*	5.00*	5.00	5.30*	8.30*	5.00*	6.00	5
6 BRIEF FOLLOWUP DFFICE VISIT	9.90*	9.90*	8.30*	11.60*	13.30*	9.90*	9.90*	13.30*	6
7 LIMITED FOLLOWUP DEFICE VISIT	14.10*	13.30*	12.00	15.00	16.60*	16.60*	14.00	16.60*	7
8 INTERMEDIATE F/U OFFICE VISIT	16.60*	8.00	14.00	17.00	26.50*	16.60+	15.00	16.60*	8
9 EXTENDEO F/U OFFICE VISIT	25.00	16.50	28.00	20.00	17.25	33.20*	24.90*	30.00	9
10 COMP FOLLOWUP OFFICE VISIT	30.00	33.20*	29.80*	33.20*	41.40*	41.40*	33.20*	41.40*	10
11 BRIEF FOLLOWUP HDME VISIT	16.60*	16.60*	15.00	19.90*	23.00	19.90*	18.00	23.00	11
12 LIMITEO FOLLOWUP HOME VISIT					24.90*	16.60*	24.90*	25.00	12
13 INTERMOIATE F/U HOME VISIT	24.90*	16.60*	24.90*	25.00	24.90*	16.60*	24.90*	25.00	13
14 EXTENDED CARE FACILITY VISIT					8.30*	13.30*	12.50	16.60*	14
15 BRIEF F/U NURSING HOME VISIT	12.00	12.00	9.90*	16.60+	11.60+	13.30*	9.90*	16.60*	15
16 INITIAL BRIEF HOSPITAL VISIT	24.90*	29.80*	33.20*	39.80*	41.40*	37.00	49.70*	58.00*	16
17 INIT INTERMED HOSPITAL VISIT	50.30.	44 40.	40.00	64.00	41.40+	59.70*	58.00*	61.60	17
18 INITIAL COMP HOSPITAL VISIT	59.70*	41.40*	42.00	61.00	58.00*	59.70*	60.00	63.00	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	9.90*	9.90*	9.90*	11.60*	11.60+	13.30*	13.30*	16.60*	19
20 LIMITED F/U HOSPITAL VISIT	15.00 15.00	13.30*	14.00	16.60*	15.00	19.90*	16.00	16.60*	20
21 INTERMEO F/U HOSPITAL VISIT 22 EXTENOED F/U HOSPITAL VISIT	15.00	13.30*	14.00	16.60*	15.00 11.60*	19.90* 45.80*	16.00	16.60*	21
23 BRIEF EMERGENCY ROOM VISIT					11.60+	45.60*	31.00	27.00	22 23
24 LIMITEO EMERGENCY ROOM VISIT									24
25 INTERMED EMERGENCY ROOM VISIT									25
26 LIMITEO CONSULTATION	24.90*	24.90+	24.90*	24.90*	33.20*	24.90*	33.20*	33.20*	26
27 EXTENSIVE CONSULTATION	21.50	27.50	21.50	21130	53.10+	41.40*	75.00	58.00*	27
28 COMPREHENSIVE CONSULTATION					81.00	59.70*	81.00	66.30*	28
29 PSYCHOTHERAPY-ONE HOUR					58.00*	53.00	58.00*	58.00*	29
30 PSYCHOTHERAPY-HALF HOUR					29.80*	27.50+	29.60*	31.30*	30
31 CHIROPRACTIC OFFICE VISIT					10.00	10.00	10.00	10.00	31
32 INITIAL PHYSIOTHERAPY					18.00*	18.30*	22.40*	19.70*	32
33 F/U PODIATRIC OFFICE VISIT					15.00	15.00	15.00	15.00	33
34 ELECTROCAROIOGRAM (EKG)	29.00	29.00	29.00	29.00	29.00	29.00	29.00	29.00	34
35 EKG-INTERPRET AND REPORT ONLY	7.00 P	7.00 P	6.60*P	5.00*P	10.50 P	8.30*P	7.50 P	6.00 P	35
36 SPIROMETRY					35.00	35.00	35.00	35.00	36
37 ELECTROENCEPHALOGRAM (EEG)					76.00	76.00	76.00	76.00	37
38 CHEMOTHERAPY									38
39 COLLECTION OF SPECIMENS									39
40 DEBRIDEMENT DF NAILS									40
41 SKIN BIOPSY					33.20*	24.90*		33.20*	41
42 CHEMOCAUTERY					55.00	55.00	55.00	64.70*	42
43 RADICAL MASTECTOMY					497.40*	497.40+	497.40+	782.40*	43
44 OPEN REOUCTION OF FRACTURE 45 ARTHROCENTESIS-MAJOR JOINT					885.30	928.50*	746.10+	795.80*	44 45
46 CORONARY ARTERY BYPASS					32.70* 3378.30*	31.50* 2957.60*	32.70* 2632.70*	34.80* 3379.40*	46
47 TOTAL ARTIFICIAL HIP REPLACE					1928 . 10+	1538.10*	1637.00*	1791.40*	47
48 NEEDLE PUNCTURE OF BURSA					21.80	21.00+	21.80*	23.20*	48
49 BRONCHOSCOPY					253.00	182.40*	165.80*	161.60*	49
50 THORACENTESIS					48.60*	62.70*	29.80*	71.70*	50
51 CATHERIZATION OF HEART					645.60*	565.25*	414.50*	645.90*	51
52 INSERTION OF PACEMAKER					800.00	800.00	765.90*	774.70*	52
53 PARTIAL COLECTOMY					858.50*	778.80*	835.75*	895.70*	53
54 APPENOECTOMY	464.20*	397.90*	331.60*	397.90*	464.20*	397.90*	397.90*	414.50*	54
55 SIGMOIOOSCOPY					41.40*	29.80+	33.20*	41.40*	55

1981 PREVAILING CHARGE SUMMARY		VISCONSIN PH OESIGNATION	-			SCONSIN ITY DESIGNA	TION FOR SP	ECIALIST	
PROCEDURE DESCRIPTION	E-19	F-36	G-40	H-46	E-19	F-36	G-40	H-46	
6 HEMORRHOIOECTOMY					406.20*	348.20*	298.40*	331.60*	56
7 CHOLECYSTECTOMY					610.00	596.90*	596.90*	646.60*	57
8 REPAIR HERNIA					406.20*	348.20*	348.20*	397.90*	58
9 DIAGNOSTIC CYSTOURETHROSCOPY	53.70*	82.20*	92.90*	90.10*	55.40	58.00*	49.70*	90.00	59
O OILATION OF URETHRA					14.50	19.90*	17.00	15.00	60
1 PROSTATECTOMY - SUPRAPUBIC					920.00	795.80*	795.80*	895.30*	61
2 ELECTROSECTION-PROSTATE (TUR)	885.30	795.80*	842.50*	883.10*	885.30	787.50*	795.80*	895.30*	62
3 HYSTERECTOMY					870.00	746.10*	696.30*	746.10*	63
4 INITIAL COMPLETE EYE EXAM			*		19.90*	19.50	24.90*	20.00	64
5 COMPREHENSIVE EYE EXAM					33.20*	29.20*	28.00	26.00	65
6 EYE EXAM WITH TONOMETRY					16.60*	19.50	16.60*	15.00	66
7 EXTRACTION OF LENS	928.40*	735.80*	735.80*	808.00	795.80*	795.80*	750.00	808.00	67
8 CHEST X-RAY - SINGLE VIEW	19.50	16.60*	19.00	20.00	16.60*	19.90*	18.20*	16.60*	68
9 CHEST X-RAY - TWO VIEWS	28.50	27.00	24.00	29.80*	25.70*	30.00	29.80*	24.90*	69
O X-RAY SPINE					36.50*	29.80*	16.60*	33.20*	70
1 X-RAY HIP					24.90*	39.80*	39.80*	13.30*	71
2 X-RAY UPPER GI TRACT	59.50	58.00*	59.50	59.50	51.40*	39.80*	42.00*	58.00*	72
3 X-RAY COLON					51.40*	58.00*	37.00*	49.70*	73
4 RADIATION THERAPY-LOW VOLT	25.80*	28.00	27.80*	27.10*	24.90*	28.00	16.60*	12.50*	74
5 RADIATION THERAPY-SUPER VOLT	36.80*	40.00	39.70*	38.70*	40.00	18.20*	16.60*	13.30*	75
6 RADIATION THERAPY-MEGAVOLT									76
7 CAT SCAN - HEAD					189.60	189.60	189.60	189.60	77
8 CAT SCAN - ABOOMEN					361.50*	393.00	390.30*	380.60*	78
9 THREE CHEMISTRY TESTS					301.30	333.00	330.30	360.00	79
O NINETEEN CHEMISTRY TESTS					28.25	28.25	28.25	28.25	80
1 CULTURE - OTHER THAN BLOOD					12.50	12.50	12.50	12.50	81
2 HEMOGLOBIN					3.00L	3.00L	3.00L	3.00L	82
3 AUTOMATEO BLOOD COUNT					15.75	15.75	15.75	15.75	83
4 WHITE CELL COUNT					3.40L	3.40L	3.40L	3.40L	84
5 COMPLETE BLOOD COUNT (CBC)					10.50L	10.50L	10.50L	10.50L	85
6 CHOLESTEROL TEST					6.10L	6.10L	6.10L	6.10L	86
7 FLOCCULATION TEST					6.80	6.80	6.80	6.80	87
8 HEMATOCRIT					3.30L	3.30L	3.30L	3.30L	88
9 PLATELET COUNT (REES-ECKER)					9.30	9.30	9.30	9.30	89
O POTASSIUM TEST - BLOOD					8.60	8.60	8.60	8.60	90
1 PROTHROMBIN TIME TEST					6.00L	6.00L	6.00L	6.00L	91
2 SECIMENTATION RATE					5.00L	5.00L	5.00L	5.00L	92
3 BLOOD SUGAR					6.00L	6.00L	6.00L	6.00L	93
4 BUN-UREA - NITROGEN					7.00L	7.00L	7.00L	7.00L	94
5 URIC ACIO					7.00L	7.00L	7.00L	. 7.00L	95
6 FECES-OCCULT BLOOD-SCREENING					2.00	2.00	2.00	2.00	96
7 PAP TEST					6.00L	6.00L	6.00L	6.00L	97
B ROUTINE URINALYSIS					4.00L	4.00L	4.00L	4.00L	98
9 CHEMICAL URINALYSIS					3.00	3.00	3.00	3.00	99
O PATHOLOGY - THREE SPECIMENS					25.00	25.00	25.00	25.00	100
1 ELEC MONITORING-PACEMAKER					7.90*	8.00*	7.80*	7.80*	101
2 DONOR NEPHRECTOMY-UNILATERAL					1090.00*	1050.00*	1090.00*	1160.00*	102
3 KIONEY TRANSPLANT					1748.75*	1748.75*	1748.75*	1748.75*	103
4 HOSPITAL BED - RENTAL					30.00L	30.00L	418.70L	30.00L	104
5 WALKER - RENTAL					8.00	8.00	43.00	8.00	105
6 WHEELCHAIR - RENTAL					16.50L	16.50L	200.00L	16.50L	106
7 LIQUIO OXYGEN - RENTAL									107
B HOSPITAL BEO - PURCHASE					418.70L	418.70L		418.70L	108
					40.00	40.00			
9 WALKER - PURCHASE					43.00	43.00		43.00	109

	LUCALITY UE:	SIGNALIUN FU	JR GENERAL PRACTIC	E LUCALIT	Y UESIGNATIO	IN FUR SPECIALIS	
PROCEDURE DESCRIPTION	I-54	J-60	A-01	I-54	J-60	A-01	
1 INITIAL BRIEF OFFICE VISIT				20.00	15.00	20.00	1
2 INITIAL LIMITEO OFFICE VISIT	20.00	20.00	22.90*	35.00	37.50	27.20*	
3 INITIAL INTERMED OFFICE VISIT	20.00	20.00	22.50*	35.00	37.50	27.20*	2
	22.00	22.00	25.70*				3
4 INITIAL COMP OFFICE VISIT				49.70*	55.00	60.20*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	5.00*	5.00*	14.00	6.60*	6.60*	13.10*	5
6 BRIEF FOLLOWUP OFFICE VISIT	9.90*	9.90*	12.60*	11.60*	12.40*	15.00	6
7 LIMITEO FOLLOWUP OFFICE VISIT	13.30*	14.90*	15.00	15.00	13.00	18.00	7
8 INTERMEDIATE F/U OFFICE VISIT	10.00	12.00	16.00	19.90*	16.00	18.00	8
9 EXTENDED F/U OFFICE VISIT	25.00	24.00	19.40*	24.90*	33.20*	58.30*	9
10 COMP FOLLOWUP OFFICE VISIT	30.00	30.00	25.00	41.40*	60.00	58.00*	10
11 BRIEF FOLLOWUP HOME VISIT	16.60*	15.00	25.00	17.00*	20.00	23.25*	11
12 LIMITEO FOLLOWUP HOME VISIT				29.80*	24.90*	40.80*	12
13 INTERMOIATE F/U HOME VISIT	25.00	24.90*	40.80*	29.80*	24.90*	40.80*	13
14 EXTENDED CARE FACILITY VISIT				16.60*	16.60*	16.70*	14
15 BRIEF F/U NURSING HOME VISIT	16.60*	15.00	16.70*	16.60*	14.00	16.70*	15
16 INITIAL BRIEF HOSPITAL VISIT	33.20*	33.20*	38.90*	41.40*	49.70*	44.90*	16
17 INIT INTERMEO HOSPITAL VISIT				49.70*	58.00*	61.20*	17
18 INITIAL COMP HOSPITAL VISIT	63.00	58.00	58.00*	58.00*	65.00	58.00*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	11.60*	9.90*	16.70*	11.60+	13.30*	16.70*	19
20 LIMITED F/U HOSPITAL VISIT	16.60*	13.30*	16.70+	16.60*	14.00	17.40*	20
21 INTERMED F/U HOSPITAL VISIT	16.60*	13.30+	16.70*	16.60*	14.00	17.40*	21
22 EXTENDED F/U HOSPITAL VISIT	10.00	10.00	10.70	29.80*	25.00	33.10*	22
23 BRIEF EMERGENCY ROOM VISIT				23.80	23.00	33.10+	23
24 LIMITEO EMERGENCY ROOM VISIT							24
25 INTERMED EMERGENCY ROOM VISIT							
26 LIMITEO CONSULTATION	46 60+	24 00+	40.75+	24 00+	24 00+	F0 00	25
	16.60*	24.90*	49.75*	24.90*	24.90*	50.00	26
27 EXTENSIVE CONSULTATION				58.00*	65.00	58.00*	27
28 COMPREHENSIVE CONSULTATION				58.00*	81.00	81.00	28
29 PSYCHOTHERAPY-ONE HOUR				58.00+	58.00*	51.80*	29
30 PSYCHOTHERAPY-HALF HOUR				25.60*	42.00	43.20*	30
31 CHIROPRACTIC OFFICE VISIT				10.00	10.00	10.00	31
32 INITIAL PHYSIOTHERAPY				17.00*	23.00	23.30*	32
33 F/U POOIATRIC OFFICE VISIT				15.00	15.00	14.60*	33
34 ELECTROCAROIOGRAM (EKG)	29.00	29.00	33.00	29.00	29.00	33.00	34
35 EKG-INTERPRET AND REPORT ONLY	7.00 P	7.00 P	12.40+P	9.90+P	9.90*P	5.80	35
36 SPIROMETRY				35.00	35.00	50.00	36
37 ELECTROENCEPHALOGRAM (EEG)				76.00	76.00	72.10	37
38 CHEMOTHERAPY							38
39 COLLECTION OF SPECIMENS							39
40 DEBRIDEMENT OF NAILS							40
41 SKIN BIOPSY				26.50*	36.50*	31.00	41
42 CHEMOCAUTERY				55.00	59.70*	48.80*	42
43 RADICAL MASTECTOMY				580.30*	696.30*	803.20*	43
44 OPEN REDUCTION OF FRACTURE				829.00*	795.80*	910.30*	44
45 ARTHROCENTESIS-MAJOR JOINT			30.90	33.00	33.30*	30.90	45
46 CORONARY ARTERY BYPASS				3046.80*	3162.80*	3337.50*	46
47 TOTAL ARTIFICIAL HIP REPLACE				1679.70+	1379.70*	1243.40*	47
48 NEEOLE PUNCTURE OF BURSA				22.00*	22.20*	20.60	48
49 BRONCHOSCOPY				149.20*	149.20*	248.60*	49
50 THORACENTESIS				43.70*	62.50*	69.70*	50
51 CATHERIZATION OF HEART				582.30+	604.50+	525.90*	51
52 INSERTION OF PACEMAKER				698.40*	725.00*	745.90*	52
53 PARTIAL COLECTOMY					848.20*	936.00	52
54 APPENOECTOMY	364.75*	397.90*	413 40+	911.40+	422.80*		53 54
	304.75*	397.90*	413.40+	441.00*		430.50	
55 SIGMOIOOSCOPY				33.20*	41.40*	49.70*	55

1981 PREVAILING CHARGE SUMMARY			SICIANS SERVICE FOR GENERAL PRA		ONSIN 7 DESIGNATI	ON FOR SPECIALI	ST
PROCEOURE DESCRIPTION	I -54	J-60	A-01	I-54	J-60	A-01	
6 HEMORRHOIOECTOMY				325.00*	298.40*	361.00	5
7 CHOLECYSTECTOMY				673.10*	621.70*	620.00	5
REPAIR HERNIA				414.50*	348.20*	364.00	5
OIAGNOSTIC CYSTOURETHROSCOPY	49.70*	73.40*	93.80*	79.60*	81.00	66.00*	5
OILATION OF URETHRA				19.90*	12.50	14.90*	6
PROSTATECTOMY - SUPRAPUBIC				630.00*	795.80*	824.00*	6
ELECTROSECTION-PROSTATE (TUR)	859.10*	795.80*	699.60*	928.50*	795.80*	795.80*	6
HYSTERECTOMY				835.60*	746.10*	746.00*	6
INITIAL COMPLETE EYE EXAM				25.00	24.00	24.00	6
COMPREHENSIVE EYE EXAM				28.80	22.40	24.90*	6
EYE EXAM WITH TONOMETRY				15.00	13.30*	16.50	6
EXTRACTION OF LENS	768.25*	735.80*	788.90*	729.50*	663.20*	829.00*	6
CHEST X-RAY - SINGLE VIEW	19.90*	18.00	21.60*	15.00*	16.60*	20.50	6
CHEST X-RAY - TWO VIEWS	24.90*	24.90*	32.00	15.00*	24.90*	26.50*	6
X-RAY SPINE	24.50	24.30	52.00	16.60*	24.90*	36.75*	7
X-RAY HIP				39.80*	18.90*	30.00	7
X-RAY UPPER GI TRACT	24.90*	49.70*	66.30*	24.90*	64.00	53.00*	7
X-RAY COLON	24.50	43.70	00.00	24.90*	58.00*	49.75*	7
RADIATION THERAPY-LOW VOLT	28.00	25.10*	13.70*	28.00	25.10*	13.70*	7
	40.00	35.90*	13.70*	8.30*	16.60*	13.70*	7
RADIATION THERAPY-SUPER VOLT	40.00	35.90*	13.70*	0.30*	10.00*	13.70*	
RADIATION THERAPY-MEGAVOLT				100 60	100 60	EO 00*	7
CAT SCAN - HEAD				189.60	189.60	50.00*	7
CAT SCAN - ABOOMEN				393.00	352.30*		7
THREE CHEMISTRY TESTS				00.05	00.05	07.00	7
NINETEEN CHEMISTRY TESTS				28.25	28.25	27.00	8
CULTURE - OTHER THAN BLOOD				12.50	12.50	18.00	8
HEMOGLOBIN				3.00L	3.00L	5.50L	8
AUTOMATEO BLOOD COUNT				15.75	15.75	5.00	8
WHITE CELL COUNT				3.40L	3.40L	5.00L	8
COMPLETE BLOOD COUNT (CBC)				10.50L	10.50L	17.20L	8
CHOLESTEROL TEST				6.10L	6.10L	7.00L	8
FLOCCULATION TEST				6.80	6.80	8.00	8
HEMATOCRIT				3.30L	3.30L	5.50L	8
PLATELET COUNT (REES-ECKER)				9.30	9.30	11.25	8
POTASSIUM TEST - BLOOD				8.60	8.60	9.50	9
PROTHROMBIN TIME TEST				6.00L	6.00L	9.50L	9
SECIMENTATION RATE				5.00L	5.00L	6.00L	9
BLOOD SUGAR				6.00L	6.00L	9.50L	9
BUN-UREA - NITROGEN				7.00L	7.00L	9.00L	9
URIC ACIO				7.00L	7.00L	9.00L	9
FECES-OCCULT BLOOD-SCREENING				2.00	2.00	5.50	9
PAP TEST				6.00L	6.00L	8.50L	9
ROUTINE URINALYSIS				4.00L	4.00L	7.00L	9
CHEMICAL URINALYSIS				3.00	3.00	4.00	9
PATHOLOGY - THREE SPECIMENS				25.00	25.00	27.50	10
ELEC MONITORING-PACEMAKER				7.50*	8.75*	10.70*	10
OONOR NEPHRECTOMY-UNILATERAL				1100.00*	1110.00*	1030.00*	10
KIONEY TRANSPLANT				1748.75*	1748.75*	1799.40*	10
HOSPITAL BED - RENTAL				30.001		47.50L	10
				8.00		18.00	10
WALKER - RENTAL				16.50L		26.00L	10
6 WHEELCHAIR - RENTAL				.0.502			10

418.70L

43.00

200.00L

107 LIQUIO OXYGEN - RENTAL

110 WHEELCHAIR - PURCHASE

109 WALKER - PURCHASE

108 HOSPITAL BEO - PURCHASE

107

108

109

110

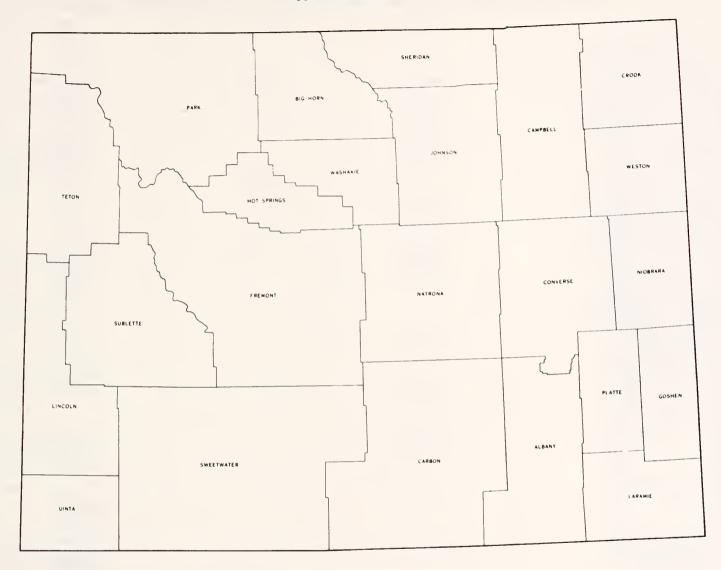
418.70L

35.00

237.00L

WYOMING

# WYOMING



One Locality - Statewide

PROCEDURE DESCRIPTION	SINGLE	SINGLE	
1 INITIAL BRIEF OFFICE VISIT		21.00*	1
2 INITIAL LIMITEO OFFICE VISIT	30.00+	27.00*	2
3 INITIAL INTERMED OFFICE VISIT	30.00	21,00	3
4 INITIAL COMP OFFICE VISIT	35.00*	58.00*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	6.00*	6.60*	5
6 BRIEF FOLLOWUP OFFICE VISIT	10.00*	11.60*	6
7 LIMITED FOLLOWUP OFFICE VISIT	13.30*	16.00*	7
8 INTERMEDIATE F/U OFFICE VISIT	17.00*	17.50*	8
9 EXTENDED F/U OFFICE VISIT	25.00*	26.00*	9
10 COMP FOLLOWUP OFFICE VISIT	35.00*	49.75*	10
11 BRIEF FOLLOWUP HOME VISIT	16.70*	19.90+	11
12 LIMITEO FOLLOWUP HOME VISIT	10.70	24.00*	12
13 INTERMOIATE F/U HOME VISIT	32.90*	19.50*	13
14 EXTENDED CARE FACILITY VISIT	32.30	12.60*	14
15 BRIEF F/U NURSING HOME VISIT	10.00+	44.50	15
16 INITIAL BRIEF HOSPITAL VISIT	24.90*	41.40*	16
17 INIT INTERMED HOSPITAL VISIT	24.30	52.50*	17
18 INITIAL COMP HOSPITAL VISIT	53.90*	66.40*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	13.00*	16.70*	19
20 LIMITED F/U HOSPITAL VISIT	16.70*	16.70*	20
21 INTERMED F/U HOSPITAL VISIT	20.00*	25.00*	21
22 EXTENDED F/U HOSPITAL VISIT	20,00	24.90*	22
23 BRIEF EMERGENCY ROOM VISIT		20.80*	23
24 LIMITED EMERGENCY ROOM VISIT		20.00*	24
25 INTERMED EMERGENCY ROOM VISIT			25
26 LIMITEO CONSULTATION	33.10*	31.20*	26
27 EXTENSIVE CONSULTATION	33.10*	52.00*	27
28 COMPREHENSIVE CONSULTATION		90.00*	28
29 PSYCHOTHERAPY-ONE HOUR		45.00*	29
30 PSYCHOTHERAPY-HALF HOUR		22.50*	30
31 CHIROPRACTIC OFFICE VISIT	9.60+	22.50*	31
32 INITIAL PHYSIOTHERAPY	3.00		32
33 F/U POOIATRIC OFFICE VISIT			33
34 ELECTROCAROIOGRAM (EKG)	24.90*	24.90*	34
35 EKG-INTERPRET AND REPORT ONLY	11.60*	12.15*	35
36 SPIROMETRY	11.60*	37.40*	36
37 ELECTROENCEPHALOGRAM (EEG)		69.90*	37
38 CHEMOTHERAPY		03.30*	38
39 COLLECTION OF SPECIMENS		3.00*	39
40 OEBRIOEMENT OF NAILS		10.40*	40
41 SKIN BIOPSY		24.90*	41
42 CHEMOCAUTERY		16.70*	42
43 RADICAL MASTECTOMY		560.40*	43
44 OPEN REDUCTION OF FRACTURE		663.40*	44
45 ARTHROCENTESIS-MAJOR JOINT	24.90*	33.10*	45
46 CORONARY ARTERY BYPASS	24.50	3395.00*	46
47 TOTAL ARTIFICIAL HIP REPLACE		1032.00*	47
48 NEEOLE PUNCTURE OF BURSA		24.90*	48
49 BRONCHOSCOPY		145.50*	49
50 THORACENTESIS		24.90*	50
51 CATHERIZATION OF HEART		436.50*	51
52 INSERTION OF PACEMAKER		970.00*	52
53 PARTIAL COLECTOMY		720.00*	53
54 APPENOECTOMY	384.00*	373.10*	54
55 SIGMOIDOSCOPY		24.90*	55

PROCEOURE DESCRIPTION	SINGLE	SINGLE	
56 HEMORRHOIDECTOMY		273.70*	56
57 CHOLECYSTECTOMY		622.00*	57
58 REPAIR HERNIA		331.70*	58
59 OIAGNOSTIC CYSTOURETHROSCOPY	48.00*	49.75*	59
60 DILATION OF URETHRA		16.70*	60
61 PROSTATECTOMY - SUPRAPUBIC		776.00	61
62 ELECTROSECTION-PROSTATE (TUR)	595.20*	663.40*	62
63 HYSTERECTOMY	000.20	746.20*	63
64 INITIAL COMPLETE EYE EXAM		25.00*	64
65 COMPREHENSIVE EYE EXAM		20.00	65
66 EYE EXAM WITH TONOMETRY		12.00*	66
67 EXTRACTION OF LENS	768.00*	696.50*	67
68 CHEST X-RAY - SINGLE VIEW	15.00*	17.50*	68
69 CHEST X-RAY - TWO VIEWS	24.90*	24.90*	69
70 X-RAY SPINE	24.30	24.90*	70
71 X-RAY HIP		24.90*	71
72 X-RAY UPPER GI TRACT	48.60*	49.75*	72
73 X-RAY COLON	10.00	49.75*	73
74 RADIATION THERAPY-LOW VOLT		10.60*	74
75 RADIATION THERAPY-SUPER VOLT		10.00	75
76 RADIATION THERAPY-MEGAVOLT			76
77 CAT SCAN - HEAD		77.00*	77
78 CAT SCAN - ABOOMEN		97.20*	78
79 THREE CHEMISTRY TESTS		10.00*	79
80 NINETEEN CHEMISTRY TESTS		35.00*	80
81 CULTURE - OTHER THAN BLOOD		9.50L	81
82 HEMOGLOBIN		3.00L	82
83 AUTOMATED BLOOD COUNT		3.002	83
84 WHITE CELL COUNT		4.00L	84
85 COMPLETE BLOOD COUNT (CBC)		10.50L	85
86 CHOLESTEROL TEST		8.00L	86
87 FLOCCULATION TEST		6.00L	87
88 HEMATOCRIT		3.00L	88
89 PLATELET COUNT (REES-ECKER)		5.00L	89
90 POTASSIUM TEST - BLOOD		9.00L	90
91 PROTHROMBIN TIME TEST		6.50L	91
92 SEOIMENTATION RATE		4.00L	92
93 BLOOD SUGAR		8.00L	93
94 BUN-UREA - NITROGEN		8.00L	94
95 URIC ACIO	, and the second	9.00L	95
		3.00L	96
96 FECES-OCCULT BLOOD-SCREENING		7.50L	97
97 PAP TEST		4.00L	98
98 ROUTINE URINALYSIS		3.00*	99
99 CHEMICAL URINALYSIS		30.00L	100
100 PATHOLOGY - THREE SPECIMENS		50.00E	101
101 ELEC MONITORING-PACEMAKER 102 OONOR NEPHRECTOMY-UNILATERAL			102
			103
103 KIONEY TRANSPLANT 104 HOSPITAL BEO - RENTAL		35.00*	104
		5.00*	105
105 WALKER - RENTAL		11.25*	106
106 WHEELCHAIR - RENTAL		74.00*	107
107 LIQUIO OXYGEN - RENTAL		450.00*	108
108 HOSPITAL BEO - PURCHASE		30.00*	109
109 WALKER - PURCHASE		200.00*	110
110 WHEELCHAIR - PURCHASE		200.00	

APPENDIX A

#### ALABAMA

#### Six Localities:

- Ol Seven N.W. Counties: Colbert, Franklin, Lauderdale, Inwrence, Limestone, Madison, Morgan
- O2 Six North Central Counties: Calhoun, Dekalb, Etowah, Fayette, Marshall, Tuscaloosa
- O3 Eight S.E. Counties: Butler, Covington, Crenshaw, Dallac, Houston, Lee, Montgomery, Russell
- 04 Two S.W. Counties: Baldwin, Mobile (city)
- 05 One large Metropolitan County: Jefferson
- 06 Forty-one small Rural Counties:

Autauga Henry Barbour Jackson Bibb Lamar Blount Lowades Bullock Marengo Chambers Marion Cherokee Monroe Perry Chilton Clark Pickens . Clay Pike Clebourne Randolph St. Clair Coffee Conecuh Shelby Coosa Sumter Cullman Talladega Dale Tallapoosa Elmore Walker Escambia Washington Genova Wilcox Groone Winston Halo

### ARIZONA

Six Localities:

- Ol--Phoenix-including Avondale, Chandler, Clearwater Hills, Cashion, Desert Sage, El Mirage, Gilbert, Glendale, Goodyear, Guadalupe, Litchfield Park, Mesa, Paradis Valley, Peoria, Scottsdale, Sun City, Surprise, Tempe, Tolleson, and Youngtown.
- O2--Tucson---including Casas Adobes, Catalina Foothills, Desert Steppes, Indiana Ridge Estates, Sherwood Village, South Tucson, and Vista Del Sahuaro.
- 05--Flagstaff
- 07--Prescott
- 08--Yuma
- 99--All other parts of the State

(City limits are exact boundaries of localities)

#### CALIFORNIA

Twenty-eight Localities - Conform to PSRO Areas:

Plue Shield handles all of 1-15 and 27

Occidental handles 16-28, except for 27

- 01 Del Norte, Humboldt, Lake, Mendocino, Sonoma
- O2 Butte, Colusa, Glenn, Lassen, Modoc, Plumas, Sierra, Shasta, Siskiyou, Sutter, Tehama, Trinity, Yuba
- 03 Harin, Napa, Solano
- D. El Dorado, Nevada, Placer, Sacramento, Tolo
- 05 San Francisco
- 66 San Mateo
- 07 Alameda & Contra Costa
- 08 Alpine, Amador, Calaveras, San Joaquin & Tuolumne
- 09 Santa Clara
- 10 Mariposa, Merced, Stanislaus
- 11 Madera, Fresno
- 12 Monterey, San Benito, Santa Cruz
- 13 Kings and Tulare
- 14 Kern
- 15 Inyo, Mono, San Bernardino
- 16 San Luis, Ubispo, Santa Barbara (Occidental)
- 17 Ventura (Occidental)

(Localities 18 through 25 are composed of cities and parts of Los Angeles denoted by ZIP Codes)

8	:	Al tadena	Verdugo Cit
•		Alhambra	Pasadena
		San Marino	Garvey
		Tujunga	Eagle Rock
		61endale	Rosemead
		San Gabriel	La Crescent
		Temple City	Montrose
		Sunland	

City La Vina
El Monte
South Pasadena
Rock Montercy Park
d La Canada
centa South San Gabriel
e Wilmar

s Peninsula

9 : Avalon Wilmington Palos Verdes Estates Long Beach	Terminal Island Hawaiian Gardens Lakewood San Pedro	Deminguez Hartor City Palos Verde Los Alamito
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20	: Agoura	Littlerock
20	Palmdale	Canoga Park
	Chatsworth	Quartz Hill
	Burbank	Granada Hills
	Hidden Hills	North Hollywood
	Olive View	Northridge
	Raseda	Panorama City
	San Fernando	Sherman Oaks
	Tarzana	Studio City
	Sun Valley	Woodland Hills
	Lancaster	Toluca Lake

ttlerock
loga Park
loga Parblossom
loga Parblossom
loga Parblossom
loga Hills
loga Park
loga Par

21 : Commerce Durate Hacienda Heights Glendora La Mirada La Puente East Los Angeles Monrovia Los Nietos Rowland Heights Montebello Sierra Madre Norwalk Pico Rivera Valinda Santa Fe Springs West Covina Whittier Claremont Arcadia La Verne Azusa Pomona Baldwin Park San Dimas Covina Walnut

### CALIFORNIA pg. 2

22:	Culver City Sawtelle Mar Vista Pacific Palsades Los Angeles Postal 90034 90066	Santa Monica Marina del Rey Westwood Palins Zones: 90049 90073	Malibu Venice Ocean Park Playa del Rey 90064
23:	Gardena Torrance Manhattan Beach Bellflower Compton El Segundo Huntington Park Lawndale Paramount Los Angeles Postal \$0009	Rolling Hills Lomita Bell Redondo Beach Willowbrook Home Gardens Inglewood Maywood South Gate Zones: 90045	Hermosa Beach Artesia Palos Verdes Bell Gardens Downey Hawthorne Lynwood Lennox
24:	Los Angeles Postal 90006 90008 90012 90043 90058 90002 90003 90057 90037 90017 90047 90021 90061 90032	Zencs: Metropolitan 90013 90056 90023 90062 90005 90042 90016 90055 90020 90001 90065 90026 90011 90015 90044	Center 90033 90007 90053 90018 90014 90059 90031 90004 90039 90010 90054 90019 90063 90051

25 : Beverly Hills
Los Angeles Postal Zones:
90027 90028 90029
90036 90038 90046
90048 90068 90069

26 : Orange County

27 : Riverside County (California Blue Shield)

28 : San Diego & Imperial Counties.

#### CONNECTICUT

#### Four Localities:

- O1- Northwest and North Central <u>City of New London</u>, <u>Hartford County</u>,

  <u>Iitchfield County</u> (except New Milford, Washington, Bridgewater,

  and Roxbury Townships), <u>Tolland County</u> (except Willington,

  <u>Coventry</u>, Mansfield, and Columbia Townships), and Southbury,

  Middlebury, Waterbury, Wolcott, Naugatuck, Beacon Falls,

  Prospect, Cheshire, Wallingford, and Meriden Townships in

  <u>New Haven County</u>.
- O2- Southwest New Milford, Washington, Bridgewater, and Roxbury

  Townships in <u>Litchfield County</u> and <u>Fairfield County</u> (except

  Monroe, Shelton, Trumbull, Easton, Fairfield, Bridgeport, and

  Stratford).
- 03 South Central Oxford, Seymour, Darby, Orange, Ansonia, Bethany, Woodbridge, Hamden, North Haven, New Haven, North Branford, Guilford, Madison, Branford, East Haven, West Haven, and Milford Townships in New Haven County and Monroe, Shelton, Trumbull, Easton, Fairfield, Bridgeport, and Stratford Townships in Fairfield County.
- O4 Northeast and Southeast <u>Middlesex County</u>, <u>New London County</u>

  (except the <u>City of New Lendon</u>), <u>Windhem County</u>, and Willington,

  Coventry, Mansfield, and Columbia Townships in <u>Tolland County</u>.

#### GEORGIA

Four Localities (by counties):

- Ol Fulton, Clayton, Dekalb, Butts, Cherokee, Cobb, Douglas, Fayette, Forsyth, Gwinnett, Henry, Newton, Paulding, Rockdale, Walton
- 02 Chatham, Houston, Bibb, Richmond, Muscogee
- 03 Whitfield, Floyd Troup, Coweta, Hall, Spalding, Clarke, Baldwin, Laurens, Bulloch, Ware, Glynn, Lowndes, Dougherty, Catoosa, Thomas, Walker

Charlton Brantley Pierce Irwin Turner Loe Wilcox	04	Lumpkin Union Towns White Rabun Banks Oconee Oglethorne Lincoln Taliaferro Jasper Putnam Hancock Glascock Warren Chattooga Gordon Murray Bartow Fannin Taltnall Appling Decatur Early Mitchell Wilkinson Twiggs Johnson Jeff Davis Charlton	Habersham Stephens Franklin Hart Jackson Madison Elbert Barrow Dodge Randolph Terrell Crisp Sumter Dooly Macon Peach Harris Merriwether Lamor Monroe Liberty Wayne Colquitt Cook Berrien Jenkins Truetlon Candles Bacon Brantley	Upson Chattahoochee Polk Haralson Carroll Seminole Miller Baker Atkinson Lanier Clinch Echols Calhoun Clay Quitman Stewart Webster Schley Marion Taylor Long Brooks Worth Tift Coffee Bleckley Palaski Wheoler McIntosh Pierce	Talbot Crawford Pike Heard Pikens Gilmer Dade Dawson Newton Morgan Greene Wilkes McDuffie Columbia Washington Jefferson Burke Emanuel Screvin Ettingham Toombs Grady Ben Hill Tel Fair Jones Montgomery Evans Bryan Candon Irwin
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### INDIANA

### Three Localities:

- Ol Metropolitan-Lake, Porter, LaPorte (Northwest Indiana) Allen (Ft. Wayne) Marion (Indianapolis), Shelby Madison, Delaware (Anderson, Muncie) Vanderburgh (Evansville)
- O2 UrbanMonroe, Grant, Tippecanoe, St. Joseph (South Bend), Clark,
  Wayne, Wells, Floyd, Vigo (Terre Haute), Elkhart, Howard,
  Cass, Henry, Lawrence, Kosciusko, Bartholomew, Hancock,
  Hendricks, Johnson, Knox, LaGrange, Daviess
- 03 Rural- Remaining Counties

Southwick

Warren

Lee Lenax

PITTSFIELD SMSA
(Berkshire County)
Pittsfield
Dalton
Lanesborough

West Springfield

(Hampshire County)
Korthampton
Easthampton
Granby
Hadley
South Hadley
(Worcester County)

### MASSACHUSETTS

### Two Localities: 01 Urban, 02 Suburban/Rural

ADDI OL Helen S	unludes the Collowing places		Boston SMSA (cont.)	Leicester
	ncludes the following places		(Suffolk County)	Millbury
BOSTOR SMSA (Essex County)	Arlington	Cohasset	Boston	Korthborough
Beverly	Ashland	Dedham	Chalsea	Northbridge
Lynn	Bedford	Dover	Revore	North Brookfield
Peabody	Belmont	Hibrook	Winthrop	Oxford
Salem .	Burlington	Medfield	BROCKTON SMSA	Paxton
Danvers	Concord	Hillis	(Cristol County)	Shrewsbury
Hamilton	Framingham	Kilton	Easton	Spencer
Lynnfield	Lexington	Heedham	(Horfolk County) Avon	Sterling Sterling
Hanchester	Lincoln	Norfolk	Stoughton	Sutton
Harblehead	Natick	Norwood	(Plymouth County)	Upton
Middleton	North Reading	Randolph	Brockton	Westborough
Mahant	Reading	Sharon	Abington	SPRINGFIELD-CHICOPEE-
Saugus	Sherborn	<b>Kalpole</b>	Bridgewater .	HOLYHOKE, YASSCOM
Swampscott	Stoneham	Wellesley	East Bridgewater	Nass. portion
Topsfield	Sudbury	Westwood	Hanson ,	(Hampden County)
Wenham	Wakefield	Weymouth	West Bridgewater	Chicopee
(Middlesex County)	Watertown	(Plymouth County)	Kini taan	Holyoke
Cambridge	Wayland	buxbury	IMPOSSTED CHEA	Springfield
Everett Malden	Weston	Hanover	(Korcester County)	Westfield
	- Wilmington	Hingham	Korcester	Agawam
Medford	_	Hull	Auburn	East Longmeadow
Melrose	Winchester	Marshfield	Berlin	Hampden
Rewton	(Norfolk County) Quincy	Norwell-	Boylston	Longmeadow
Somerville	Braintree	Pembroke	Brookfield	Ludlow
Wal tham	Brookline	Rockland	East Brookfield	· Monson
Woburn	Canton	Scituate	Grafton	Palmer
			Holden	

### MASSACHUSETTS (Cont'd)

Andover

Georgetown

Groveland

AREA 02 - Suburban/Rural - includes the following places in SNSA's and the remainder of the State.

FALL RIVER, MASSR.I.	Westford	(Horfolk County)
SHSA.	New Bedford, Mass.	Bellingham
Mass. portion (Bristol County)	SMSA (Bristol County)	Franklin
Fall River	New Bedford	Plainville
Somerset	Acushnet	Wrentham
Swansca	Dartmouth	(Korcester County)
Hestport	Fairhaven	Blackstone
LAWRENCE-HAVERHILL, MASS N.H. SNSA	(Plymouth County)	Millville
Mass. portion	Marion	
(Essex County)	Mattapoisett	
Lawrence	FITCHBURG-LEOMINISTER SMSA	
Haverhill	(marine and a second	

(Middlesex County)

Shirley

Townsend

Merrimac

Hethuen

Hethuen

Horth Andover

West Newbury

LOWELL, MASS. SMSA

(Middlesex County)

LOWELL

Mark County

Mark

Lowell

Mass. portion
(Bristol County)

Chelmsford

Attleboro

Dracut Rorth Attleborough

Tewkshury Rehoboth
Tyngsborough Seekonk

### Two Localities:

O1- Rural - All ZIP Codes starting with 386,387,388,389,390,391,393,

394,396,397 (except 38801, 39301, 39401) and the

following 395 ZIP Codes:

39550-Bond

39561-McHenry .

39552-Escatawpa

39572-Pearlington

39553-Gautier

39573-Perkinston

39555-Hurley

39574-Saucier

39556-Kiln

39575-Wade

39558-Lakeshore

39577-Wiggins

02- Metropolitan - All ZIP Codes starting with 392 and 395 (except as noted in area 01 above) and the following:

392\_\_ Jackson

395\_\_ Biloxi

38801 Tupelo

39301 Meridian

39401 Hattiesburg

#### MISSOURI

#### Seven Localities:

#### General American Life

- Ol Cities of Columbia, Jefferson City, Springfield, Metropolitan St. Louis, St. Louis County and St. Charles County
- 02 Cities of Joplin, Cape Girardeau, Kirksville, Poplar Bluff, Hannibal, Sikeston and Jefferson County (City Limits boundaries except Jefferson County)
- 03 Rural rest of State except Blue Shield of Kansas City area

### Blue Shield of Kansas City - Missouri

- I Buchanan County (rural)
- II Clay and Platte Counties (suburban)
- III Jackson County (metropolitan)
- VI Rural Andres, Atchison, Bates, Benton, Caldwell, Carroll, Cass, Clinton, Daviess, DeKalb, Gentry, Grundy, Harrison, Henry, Holt, Johnson, Lafayette, Livingston, Mercer, Nodaway, Pettis, Ray, St. Clair, Saline, Vernon, Worth

#### NEW YORK

#### Ten Localities:

### New York B/S of Greater New York

- A New York County
- B Bronx, Kings, Richmond, Westchester, Nassau, Rockland, and Suffolk Counties
- C Dutchess, Orange, Putnam, Sullivan, Ulster, Columbia, Delaware, and Green Counties

### Group Health Insurance - New York

Queens County

### Blue Shield of Western New York

Geographic Area I - Includes the following cities:

Albany	Saratoga Springs	Cooperstown
Binghamton	Schnectady	Marcellus
Endicott	Syracuse	Fayetteville
Glens Falls	Utica	New Hartford
Johnson City	Troy	Ogdensburg
	mits are the local	ity boundaries.)

Georgraphic Area II - All towns and communities in the following counties other than the nine cities shown in Area I:

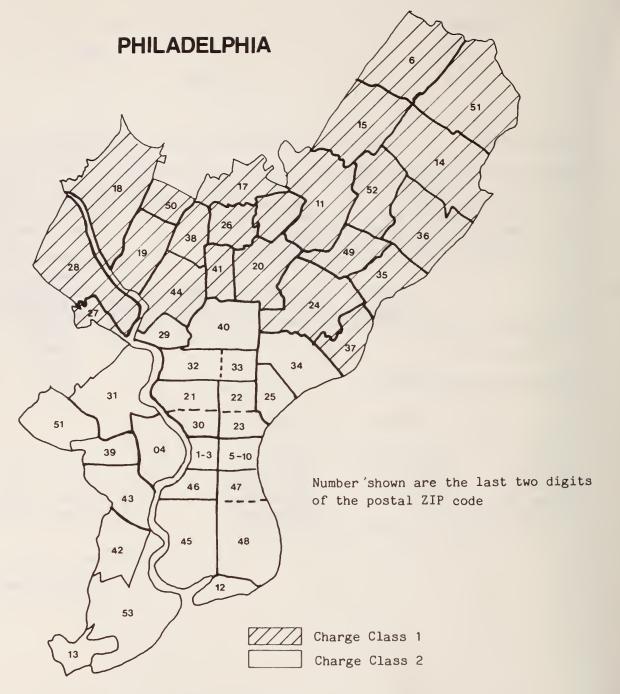
Albany	Fulton	Rensselaer
Broome	Hamilton	Saratoga
Cayuga	Herkimer	Schnectady
Chautauqua	Jefferson	Schoharie
Chemung	Lewis	Schuyler
Chenango	Madison	St. Lawrence
Clinton	Montgomery	Steuben
Cortland	Oneida	Tioga
Essex	Onondaga	Tompkins
Franklin	0swego	Warren
	Otsego	Washington

### Geographic Area III

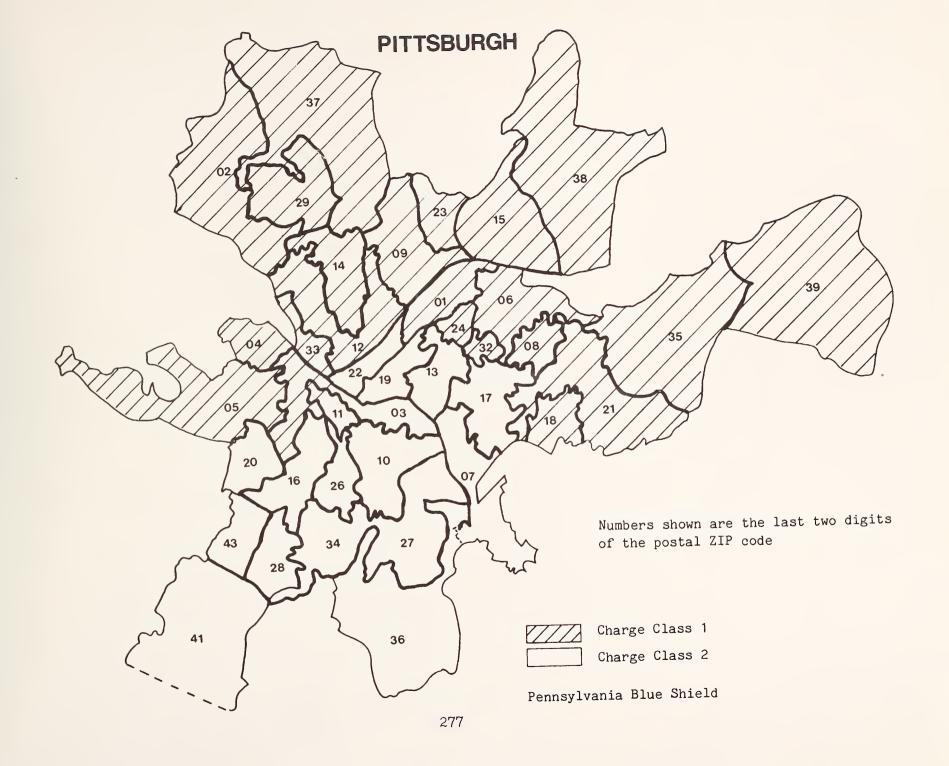
Alleghany, Cattaraugus, Erie, Genessee, Niagara, Orleans and Wyoming Counties

### Geographic Area IV

Livingston, Monroe, Ontario, Seneca, Wayne and Yates Counties



Pennsylvania Blue Shield 276





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Baltimore, Maryland 21207

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